

**FORM C (Conference)**  
**EFFECTIVE INSTRUCTIONAL LEADERSHIP**  
**2006 - 2008 CYCLE**

**BRIEF CONFERENCE DESCRIPTION:** (Please keep description to twenty-five [25] words or less.)

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**NUMBER OF CONTACT HOURS:**          6    

(Only 6 hours permitted for Conferences--limit of 12 conference hours per cycle)

Conference Dates \_\_\_\_\_

**IDENTIFY LEADERSHIP ROLE (Check all that apply.)**

<input type="checkbox"/> Superintendent	<input type="checkbox"/> Special Education Director
<input type="checkbox"/> Principal	<input type="checkbox"/> Instructional Supervisor
<input type="checkbox"/> Assistant Principal	<input type="checkbox"/> Other (Please specify)
<input type="checkbox"/> Guidance Counselor	_____

**IDENTIFY PARTICIPANT'S STAGE OF PROFESSIONAL DEVELOPMENT**

<input type="checkbox"/> Orientation/Awareness	<input type="checkbox"/> Implementation/Management
<input type="checkbox"/> Preparation/Application	<input type="checkbox"/> Refinement/Innovation

**Attach PROGRAM and Certificate of Attendance.**

<b>Requested by:</b> _____	Phone number _____
Social Security Number _____	e-mail address _____

**Return to:**  
**Terry Crawley**  
Office of Lifelong Formation and Education  
1935 Lewiston Drive  
Louisville, KY 40216  
PHONE 502/448-8581 FAX 502/448-5518