



Curriculum Networking Application

Guidelines:

1. Statement of Need

The successful implementation of the Core Curriculum and Community Schools are major priorities of the Northern Lights School Division #113. A constant problem for teachers in our far-flung division is that of communication. It is difficult for staff to get together with colleagues in other schools to share ideas and compare experiences.

2. Project Description

- a. The project involves individual, small group, and large group exchanges between schools wherein staff from one or more schools visit other schools within our school division in order to exchange ideas, materials, and strategies with regard to instruction and implementation of programs.
- b. The project is designed to enable staff to network with each other by way of on-site exchange visits and regional workshops in order to enhance the implementation of NLSD #113 initiatives.

3. How to Participate

- a. Inform staff of the Networking opportunity.
- b. Tentatively plan interschool/institutional visitation(s).
- c. Submit application form to your Area Superintendent of Education. Ensure the "Funding Requirements" section is properly completed.
- d. All applications from across the Division will be reviewed by Central Office and results will be communicated in writing to schools.
- e. Cheques will not be produced on short notice. Allow one month for the payment of claims. Use school funds in the interim if necessary.
- f. Follow-up reports are required and must be submitted to your Superintendent of Education upon completion of the project.

4. Caution/Restriction

This project is designed to meet needs not currently being met. Where alternate funding sources have been used for on-going groups no networking funding will be approved.

Application:

Forward applications to Area Superintendent of Education (Budget Code 1.2.12.160.223.811.042)

Date of Application: _____

1. Expediting Source

Organizing School or Unit: _____

Contact Person: _____

Participants: _____

2. Statement of Need

3. Description of the Networking Event

Date(s): _____

Location(s): _____

Participant Numbers: _____

Participating Schools _____

Program Area: _____

4. Funding Requirements

Meals: _____

Kilometres: _____

Lodging: _____

Sub Costs: _____

Other (fees, etc.): _____

TOTAL: _____

Recommended by Principal: _____

Principal's signature

Approved by Superintendent: _____

Superintendent Signature

Yes _____ No _____