



## South Cook Intermediate Service Center

253 W. Joe Orr Road \* Chicago Heights, IL 60411  
 Office: 708-754-6600 \* Fax: 708-754-8687  
 www.s-cook.org  
 TI-1

### APPLICATION FOR APPROVAL OF DISTRICT INSTITUTE

Email completed form to: [institute@s-cook.org](mailto:institute@s-cook.org) or Fax to: (708) 754-8687

**DISTRICT NAME:** \_\_\_\_\_

**DISTRICT NUMBER:** \_\_\_\_\_ **NO. OF PARTICIPANTS:** \_\_\_\_\_

**DATE OF INSTITUTE (mm/dd/yy):** \_\_\_\_\_ **TO BE HELD AT:** \_\_\_\_\_

**PLANNING COMMITTEE MEMBERS:** (50% must be classroom teachers, 25% administrators and 25% school service personnel.) The chairperson must be chosen by the committee, from the committee, and not in addition to the committee.

TEACHERS – 50%	ADMINISTRATION – 25%	SCHOOL SERVICE PERSONNEL – 25%

**THEME OF DISTRICT INSTITUTE:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INSTITUTE DAY OBJECTIVE(S):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPROVAL RECOMMENDED:** \_\_\_\_\_

Chairperson of Planning Committee Date

**APPROVAL RECOMMENDED:** \_\_\_\_\_

District Superintendent Date