

## Program Description Form

Name of Workshop: \_\_\_\_\_

Institution: \_\_\_\_\_

Contact information: \_\_\_\_\_

Number of staff development hours with teachers (Minimum of 3 hours): \_\_\_\_\_

Grade level(s): \_\_\_\_\_

Subject area(s) (for example, mathematics, science, interdisciplinary): \_\_\_\_\_

Description of content: \_\_\_\_\_

Applications of the content, including the [Texas Essential Knowledge and Skills \(TEKS\)](#) aligned to the workshop and applications to the participant: \_\_\_\_\_

Select the core themes addressed:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Soil & land Use                                      | <input type="checkbox"/> Wildlife & Domestic Animals        | <input type="checkbox"/> Minerals, Energy & Resource Recovery   |
| <input type="checkbox"/> Water Quality  | <input type="checkbox"/> Plants, Food & Fiber               | <input type="checkbox"/> Hazards                                |
| <input type="checkbox"/> Air Quality  | <input type="checkbox"/> Aesthetics & the Build Environment | <input type="checkbox"/> Society, Economics, Politics & Culture |
| <input type="checkbox"/> Communities & Ecosystems, including Human Population |   |   |

Learner outcomes - upon the completion of the workshop, what should the participants know and be able to do?

**Qualifying Activities:**

Check all those you will include in the workshop. Write the total qualifying activity time on the line provided.

**Hands-on/Minds-on Activities:**

- laboratory activities
- games
- field investigations
- concrete experiences
- other (describe)

**Staff Development Minds-on Activities:**

- lecture
- demonstration
- observation field trip
- curriculum development
- discussions
- planning
- reflection activity
- de-briefing
- video experiences
- instructional travel time
- working meals
- other (describe)

Total qualifying staff development time: \_\_\_\_\_

**Non-Qualifying Activities:**

Check all those you will include in the workshop. Write the total non-qualifying activity time on the line provided.

- coffee breaks
- meals
- travel time
- other (describe)

Total non-qualifying staff development time: \_\_\_\_\_

Total contact hours with participants: \_\_\_\_\_

Examples of hands-on/minds-on activities from the workshop:

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How are you going to evaluate participant learning?

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Email this form and a description of your program that includes the institution's name, location, offerings to teachers and/or students, program highlights, and a contact name, phone number, email address, and/or website to [Liz.Baker@tea.texas.gov](mailto:Liz.Baker@tea.texas.gov). The provider list is updated annually.