

## **KSBA In-District School Board Training Request**

Members of the KSBA professional staff and training cadre are available to provide relevant professional development opportunities that better prepare board members to become actively involved in championing public education and increased student achievement in their home district. Staff can work with boards to customize onsite training seminars that meet the needs of the district and each board member.

To schedule an in-district training for your board, please fill out the form on the next page and send it to Beth Pritchett – [beth.pritchett@ksba.org](mailto:beth.pritchett@ksba.org).

Please note both the superintendent and board chair must sign the request form before a training can be scheduled.

### **In-District Training Cost Details:**

Professional Trainer/Facilitator Services at \$200/hour plus expenses\*.

Professional Legal Trainer/Facilitator Services at \$250/hour plus expenses\*.

This fee includes all developmental and preparatory work, travel time to and from training location, and on-site delivery of training and materials for up to 6 participants.

\*Travel expenses could include:

- Mileage at the state rate per mile
- Meals, at cost (occasionally required depending on location)
- Lodging, at cost (occasionally required depending on location)

**KSBA In-District School Board Training Request**

Date of Request: \_\_\_\_\_

District Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Please review your district's training report and note the number of hours needed:

Board Member: \_\_\_\_\_

Board Member: \_\_\_\_\_

Board training hours needed: \_\_\_\_\_

Board training hours needed: \_\_\_\_\_

Charter hours needed: \_\_\_\_\_

Charter hours needed: \_\_\_\_\_

Board Member: \_\_\_\_\_

Board Member: \_\_\_\_\_

Board training hours needed: \_\_\_\_\_

Board training hours needed: \_\_\_\_\_

Charter hours needed: \_\_\_\_\_

Charter hours needed: \_\_\_\_\_

Board Member: \_\_\_\_\_

Board training hours needed: \_\_\_\_\_

Charter hours needed: \_\_\_\_\_

Number of Training Hours Requested: \_\_\_\_\_

Topics Requested: \_\_\_\_\_

If unsure of course selection, would you like to review and discuss options?       Yes     No

Preferred training date(s): \_\_\_\_\_ Preferred time of day: \_\_\_\_\_

What are your goals for this training? For example, what do you hope to accomplish? \_\_\_\_\_

\_\_\_\_\_

Is there anything we need to know to make sure this training is successful for your district? \_\_\_\_\_

\_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This training is being requested by (both Board Chair and Superintendent must sign this form):

\_\_\_\_\_  
Superintendent Name

\_\_\_\_\_  
Board Chair Name

\_\_\_\_\_  
Superintendent Signature

\_\_\_\_\_  
Board Chair Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date