

USDLC Program Titles

We wish to enroll in the following:

___ 1) No Child Left Behind—Video-On-Demand with Participant Handouts

___ 2) Literacy to Learn: Reading & Writing Across the Curriculum—Online Modules

Registrant Name: _____ Email: _____

Course: ___ Elementary ___ Middle/Secondary ___ Digital Literacy (K-12)

___ 3) Best Practices for School Library Media Programs—Video-On-Demand & Online Modules

Registrant Name: _____ Email: _____

___ 4) Keynote Addresses—Video-On-Demand with Participant Handouts

___ 5) Resources—LEARN NC and An Experience Odyssey: Spotighting Resources that Work—Video-On-Demand

2005-2006 Professional Development Registration Form

System Level Coordinator for USDLC Professional Development

Name: _____ Title _____

Phone: _____ Email: _____

Signature: _____ Date: _____

LOCATION:

LEA: _____

Address: _____

Number of Teachers Employed in your LEA: _____

Mailing Address, if different:

City: _____ State: _____ Zip: _____

Note: System Level Coordinators will receive (via e-mail) one assigned ID and Password to distribute to all educators in your system who wish to access the online programs.

Return this form to:

Linda B. Walters, USDLC Professional Development Coordinator

FAX: 919-807-3290 Phone: 919-807-3497

Email: lwalters@dpi.state.nc.us