



Hanover Public Schools

BOOK / STUDY GROUP PROPOSAL

Title of Study Group: _____

Study Group Leader: _____

Email Address: _____

Names of Participants: _____

Number of Sessions: _____ Length of Sessions: _____

Dates of Sessions: _____

Total Hours: _____ PDPs Earned: _____

Start & Stop Time: _____

Location of Sessions: _____

Description of Study Group: _____

Learning Outcomes: _____

Anticipated Product: _____

Proposal Approved by Principal: _____ Date: _____

Proposal Approved by Asst. Superintendent: _____ Date: _____

Product Approved by Principal: _____ Date: _____

Product Approved by Asst. Superintendent: _____ Date: _____