

Course Syllabus  
Logan Hocking Schools  
Course Name: \_\_\_\_\_  
Course Location: \_\_\_\_\_

Instructor's name \_\_\_\_\_

Meeting Dates: Day, Time

Contact information: e-mail address:  
cell phone #:  
work phone #:

Course description: This course.....

**Learning Outcomes:**

- 1.
- 2.
- 3.

**Professional Development Goals:** List district or building goals met by this course offering for attendees (Ex: 9.1, 9.2, 10.1)

**Materials:**

**Topical Outline:**

Date	Topics of Discussion
Date	Topics of Discussion
Date	Topics of Discussion

Identify the techniques or strategies that will be used to determine the achievement of the intended learning outcomes.