

PEAC Professional Learning Session Brief

| School Name |  |
| --- | --- |
| Principal |  |
| Contact Person |  |
| Contact Details |  |
| Preferred Date/Time/  Duration |  |
| Type of PL |  |
| Number of Staff (accessing the session) |  |
| Area of Focus or Need |  |
| Additional Information/ Details  Links to PEAC PL and Strategic/  Operational Plan  How you intend to implement the Model of Professional Practice |  |

Please complete and return to [claire.backhouse@education.wa.edu.au](mailto:claire.backhouse@education.wa.edu.au)