SLT Proposal

Teacher:

Department

Date:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Proposal (WHAT)** | **Impact (WHY)** | **WHEN/WHERE/WHO** | **Cost** | **Resources needed** |
|  |  |  |  |  |

**Approval Decision:**

**Date:**

**Member of SLT:**