SEA Workshop Submission Worksheet
This worksheet is to aid in your collection of information to submit to the online submission platform.

WORKSHOP TITLE	
PREFERRED MAXIMUM WORKSHOP ATTENDANCE (Workshops are limited to 30 participants):	
Equipment NEEDS (flip charts, projector, etc.) SEA does NOT guarantee AV equipment for workshops. Flip charts, markers and internet access are available.	
PEER COACHING The goal for the SEA Peer Coaching Program is to promote faculty development in an informal and comfortable setting. Peer coaching is more than just a formative evaluation. Peer coaching is a confidential and constructive mentoring process that includes discussion of formative information; this information is not discussed nor shared with anyone. Additional information on the SEA Peer Coaching Program can be found here.	Would you like your workshop to be assigned a peer coach? ☐ Yes ☐ No
NEEDS ASSESSMENT "GAPS IN KNOWLEDGE" Have you conducted a needs assessment in relation to this workshop? Do you have any information about gaps in knowledge, competence or performance in your target audience? For example, you may have identified a deficiency in faculty competence in providing feedback in a Dept. survey and this workshop is intended to address that need).	Please describe any knowledge gap or needs assessment:
EDUCATIONAL NEEDS Consider what kind of educational needs might be contributing to the gap(s) described above. KNOWLEDGE – having information (knowing about adult learning theory) COMPETENCE – knowing how to do something (e.g. skills, abilities, strategies), which has not yet been put into practice (e.g. being able to write educational goals and objectives) PERFORMANCE – the skills, abilities, and strategies one implements in practice (e.g. communicating bad news in a compassionate manner)	Please list educational needs you have identified: **Knowledge** **Competence** **Performance**

EDUCATIONAL GOALS Please list the educational Goals for this workshop (between 3 and 5 maximum) Remember the SMART acronym for writing educational goals: • Specific • Measurable • Achievable • Relevant • Time-bound AND use action verbs to describe your goals for example "discuss", "describe", "compare", "demonstrate", "distinguish" etc.	Educational Goals (3 – 5): After attending this workshop participants will; 1. 2. 3. 4. 5.
EDUCATIONAL TOOLS AND RESOURCES Please include any tools, worksheets or other resources you will provide for your participants. ***The SEA office cannot guarantee e-mailing any advanced reading materials to attendees.*** Please take this into consideration when planning your workshop.	
FACULTY EXPERIENCE Please describe workshop faculty members' experience in delivering workshops. (At least one faculty member must have experience in giving workshops (e.g. attended the SEA Workshop on Teaching (SWOT), / attended a session on giving workshops at SEA or other meeting – give meeting and venue / other higher-level educational degree or experience).	

WORKSHOP FLOW

Time management is critical for your workshop; please describe a detailed plan of how your workshop will flow – see workshop flow planner. Please describe what the participants will be doing and how long they will spend on each activity – be realistic in your time allocation for each session (e.g. small group discussion, reporting back to big group, role playing etc.). Our evaluators require a detailed plan so they can determine if your activity is indeed a workshop (not a mini-lecture).

WORKSHOP FLOW PLANNER (THIS SECTION MUST BE COMPLETED) (add more rows as required) (An example is available)
https://sea.memberclicks.net/workshop-submission-resources

Allotted Time (Total 90 mins)	Activity – Please describe what the participants will be doing - e.g: • Participants will work in small groups in breakout rooms describing the attributes of good feedback (10 minutes). • Large group debrief and discussion on attributes of good feedback (10 mins). • Small group discussion on what the barriers to feedback are …etc..	Facilitator

WORKSHOP FACULTY INFORMATION
Workshop faculty not listed will not be included in the program. *Please include affiliations and degrees as you would like listed in the program.*

Workshop Leader Name			
Number of Workshops previously led	☐ 0-5 ☐ 5-10 ☐ 10 or more		
Academic Title & Institution:			
Full Address (City, State, Zip):			
Business Phone / Cell Phone / Fax:			
Email Address:			
Department Chair Name & Email:			
Faculty 1: Name:			
Academic Title & Institution:			
Full Address (City, State, Zip):			
Business Phone / Cell Phone / Fax:			
Email Address:			
Department Chair Name & Email:			
Faculty 2: Name:			
Academic Title & Institution:			
Full Address (City, State, Zip):			
Business Phone / Cell Phone / Fax:			
Email Address:			
Department Chair Name & Email:			
Faculty 3: Name:			
Academic Title & Institution:			
Full Address (City, State, Zip):			
Business Phone / Cell Phone / Fax:			
Email Address:			
Department Chair Name & Email:			
Faculty 4: Name:			
Academic Title & Institution:			
Full Address (City, State, Zip):			
Business Phone / Cell Phone / Fax:			
Email Address:			
Department Chair Name & Email:			
Faculty 5: Name:			
Academic Title & Institution:			
Full Address (City, State, Zip):			
Business Phone / Cell Phone / Fax:			
Email Address:			
Department Chair Name & Email:			