Print Form

REQUEST FOR PROFESSIONAL DEVELOPMENT

***** Form must be completed FRONT & BACK for each staff member who will attend*****

Please mark all that apply.

STAFF MEMBER NAME:	
YOUR SCHOOL SITE: [] MES	DATE [] WIS [] WCHS
GRADE LEVEL & / OR SUBJECTS YOU TEACH:	
EEP GOALS: [] 1 [] 2 [] 3	[]4 COMMON CORE? [] YES [] NO
CONFERENCE TITLE: DESCRIPTION:	
CONFERENCE DATE(S):	
CONFERENCE LOCATION:	
SUBJECTS TO BE COVERED:	[] ELA [] MATH [] SCIENCE [] SOC SCIENCE [] ELD [] TECHNOLOGY [] OTHER
COST OF CONFERENCE: ACCOUNT STRING:	\$
	TITUTE []MILEAGE []LODGING []MEALS OOL VAN []OTHER
Please attach a copy of conference information and all other pertinent documents that may be helpful in filing our final expenditure report.	
APPROVALS:	
Principal	Date
Ellen Hamilton, Dire State & Federal Prog	
Routing: Site Principal / Site Secretary / Director of S&F Progs/ Accounts Payable	

Funding:____ PO#:_

Denied