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 S	ITE: [] MES	[] WIS [] WHS [] WCHS	DATE		
GRADE LEVEL &	/ OR SUBJECTS YO	U TEACH:			
EEP GOALS:	[]1 []2 []3	[]4 COMMON CORE? [] YES	5 []NO		
CONFERENCE TI DESCRIPTION:	TLE:				
CONFERENCE DA	ATE(S):				
CONFERENCE LC					
SUBJECTS TO BE	COVERED:	[] ELA [] MATH [] SCIENCE [] [] ELD [] TECHNOLOGY [] OTHE			
COST OF CONFERENCE:		\$			
OTHER COSTS:		TITUTE []MILEAGE []LODGING OOL VAN []OTHER			
COMMENTS:					
Please attach a copy of conference information and all other pertinent documents that may be helpful in filing our final expenditure report.					
APPROVALS:	·				
<u> </u>	Principal	Date			
	Ellen Hamilton, Di State & Federal Pr				

Routing: Site Principal / Site Secretary / Director of S&F Progs/ Accounts Payable

Approved	Denied	Funding:	PO#: