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: _____   _____

DATE

YOUR SCHOOL SITE: [ ] MES   [ ] WIS   [ ] WHS   [ ] 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: $_____

OTHER COSTS: [ ] SUBSTITUTE [ ] MILEAGE [ ] LODGING [ ] MEALS
[ ] SCHOOL 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: _____   _____

Principal   Date

_____   _____

Scott J. Booth, Director of   Date
Curriculum, Instruction & Assessment

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

Approved_____   Denied_____   Funding:_____   PO#:_____