

Professional Development Request Form

This form is to be used for requests for professional development. Date Requested: _____

Name: _____ Position: _____

School: JES, JHS, KES, KHS, OES, OHS

Name of PD Activity: _____

Location of PD Activity: _____ Hours of PD Activity: _____

Dates for professional development leave:
Beginning day and/or time: _____ Ending day and/or time: _____

Cost of Professional Development: Registration Fee: \$ _____ Hotel Cost: \$ _____
Travel: _____ Yes _____ No

Currently, I have obtained _____ Professional Development hours of the sixty (60) required.

This PD activity will be used to meet my 60 hours of Professional Development. _____ Yes _____ No

This PD activity is a required continuing Professional Development activity. _____ Yes _____ No

This PD activity is in addition to the required 60 hours of Professional Development. _____ Yes _____ No

Please complete this form and submit it to your principal electronically. He/She will sign the form if the PD is an approvable professional development activity. They will then forward to the Curriculum Coordinator for approval and then to Federal Coordinator for approval if sufficient funds are available.

Attach a copy of the attendance documentation to your travel form, if appropriate. Give the documentation of the PD to your principal, who will send it to the district office. (Examples of documentation: copy of agenda, certificate) Documentation of attendance for all Professional Development activities is required. It is the responsibility of the faculty member to provide documentation of their attendance to all Professional Development activities to the administrative Office.

Check the PD areas that pertain to this workshop:

- | | |
|---|--|
| <input type="checkbox"/> Content (K-12) | <input type="checkbox"/> Standards, frameworks, & curriculum alignment |
| <input type="checkbox"/> Supervision | <input type="checkbox"/> Principles of learning/developmental stages |
| <input type="checkbox"/> Educational technology | <input type="checkbox"/> Building a collaborative learning community |
| <input type="checkbox"/> Assessment | <input type="checkbox"/> Cognitive research |
| <input type="checkbox"/> Advocacy/leadership | <input type="checkbox"/> Systemic change process |
| <input type="checkbox"/> Instructional strategies | <input type="checkbox"/> Parental involvement |
| <input type="checkbox"/> Mentoring/coaching | <input type="checkbox"/> Professional Conference |
| | <input type="checkbox"/> Other |

Principal Signature: _____ Date of Approval: _____

Curriculum Coordinator Signature: _____ Date of Approval: _____

Federal Coordinator Signature _____ Date of Approval: _____