

Staff Development Request For Approval

Note: To be eligible for funding, this request must be approved no later than 10 school days prior to the event.

Circle the associated program's funds you are requesting:					
Federal	CTE	SPED	Pre-K	Gen. Budget	CSH
School: _____			Date of Application: _____		
# Administrators Attending: (List Names Below) 1. _____ 2. _____ 3. _____ 4. _____		# Teachers Attending: (List Names Below) 1. _____ 5. _____ 2. _____ 6. _____ 3. _____ 7. _____ 4. _____ 8. _____ (attach additional page if more than 8 to attend)			
Activity Title: _____					
Description: (Attach Agenda/Brochure) _____					
Dates of Activity: _____					
Will Leave On: _____			Will Return to Work On: _____		
Travel Destination (City) _____ (No Out-Of-State)					
Anticipated Expenditures (Check All That Apply): _____ Mileage _____ Lodging _____ Registration _____ Meals _____ Substitute Teacher					
Please indicate which of the following your requested activity supports: _____ School Improvement Plan _____ BOE Strategic Plan _____ Individual Growth Plan					
NOTES: 1. Forms should be submitted at least ten (10) school days prior to the event. Requests must be approved before attending the event. 2. Turn in a separate form for each event that you plan to attend. Turn this in to the appropriate office for the funding source you indicated above. 3. Be sure you complete the "Professional Development Assurances" on the reverse side of this page. 4. After receiving approval, the school is responsible for all registrations unless directed otherwise by the supervisor. 5. In order to be a good steward of taxpayer's money, carpooling is mandatory. If more than one person is attending the same meeting and you choose not to carpool, you may not apply for mileage reimbursement. 6. Reimbursement for overnight lodging will not be paid if a meeting is within 50 miles of your duty station and / or your residence. 7. Meal receipts must be attached to the travel form for reimbursement. Note: Amounts reimbursed will follow the meal allotment determinations (Breakfast \$8; Lunch \$10, Supper \$18). In-county meals will not be reimbursed.					

Reviewed and Approved By:

_____ Principal's Signature
 _____ Supervisor's / Program Director's Signature

_____ Denied by _____ Comments: _____

Professional Development Assurances

Please check all that apply. At least three items must be checked.

The Professional Development activity:

- _____ 1. Will improve knowledge of academic subject(s) taught and/or overseen.
- _____ 2. Is an integral part of a school-wide or district-wide educational improvement plan.
- _____ 3. Will increase the ability to prepare students to meet challenging State Academic Achievement Standards.
- _____ 4. Will improve classroom management skills.
- _____ 5. Will advance an understanding of effective instructional strategies for improving student academic achievement.
- _____ 6. Is aligned with State academic content standards, student academic achievement standards, and State assessments.
- _____ 7. Is designed to increase the success of teachers providing instruction or support to limited English proficient children.
- _____ 8. Provides training to help teachers effectively use technology in the classroom to improve instruction and learning.
- _____ 9. Provides training in methods of teaching children with special needs.
- _____ 10. Includes instruction in the use of data and assessments to improve classroom practices.
- _____ 11. Provides training in ways to work more effectively with parents.
- _____ 12. Will increase the ability to mentor other staff members.

This professional development activity is based upon scientifically based research and addresses an identified area of need.

_____ Yes

_____ No