

Professional Development Activity Application

Teacher Name _____ Today's Date _____

Title of Professional Development Activity _____

Location of Conference _____ Date(s) _____

Requested Funds (List each expenditure, ex: conference fee, housing, travel, etc.) associated with this activity.

School Improvement Plan Goal linked to this activity:

Date scheduled for sharing with my grade level or appropriate peer group _____

I understand that I am responsible for sharing handouts, content, and instructional ideas with my peers.

(Teacher's signature)

_____ **Principal's Initial Approval**
(Principal's Signature)

(To be completed after the activity has been attended.)

Plan for implementation in your classroom (Complete this section after attending the conference):

_____ I recommend this activity for future educators.

_____ I do not recommend this activity for future educators.

Please submit to your principal for initial approval. After the conference, complete the application and resubmit to principal for his/her records. Signatures verify that sharing of activity was completed with appropriate peers.

(Teacher's Signature)

(Principal's Signature)