PRIOR APPROVAL FOR LOCAL STAFF DEVELOPMENT ACTIVITIES

Title: _____

Expected Participants: _____ How many?: _____

Date(s): _____ Time: _____ to _____

Location: _____ Total Contact Hours: _____

Instructor(s), Consultant(s):
_____

Professional Objectives:
_____

Methods of Assessment:
_____

Link to School Improvement Plan:
_____

Number/Type Renewal Credits Requested:

	• Content Area
	• Reading
	• Technology
	• General
	• Total Credits

Total Estimated Cost: _____ Funding Source: _____

Itemized Expenses: _____

Submitted by: _____ Date: _____

Principal: _____ Date: _____

Approved for Credit: _____ Date: _____
(Professional Development Director)

Does this Activity meet High Quality Standards: Yes   No

Approved for Technology Credit: _____ Date: _____
(Technology Coordinator)