

Rogersville City School

Professional Development Application

Name \_\_\_\_\_ Date \_\_\_\_\_

Title of Professional Development Activity \_\_\_\_\_

Location \_\_\_\_\_

Date(s) of Event \_\_\_\_\_ Registration Deadline \_\_\_\_\_

Describe how this professional development activity will improve your students' achievement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will your participation in this professional development activity help RCS meet the goals of its school improvement plan? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Total projected cost of this professional development activity \_\_\_\_\_

Lodging \_\_\_\_\_ Meals \_\_\_\_\_ Mileage \_\_\_\_\_ Registration \_\_\_\_\_

Funding source (to be circled by appropriate supervisor):

Title I Title IIA IDEA CSH General Purpose Pre-K Pre-K SpEd Other (be specific) \_\_\_\_\_

Approved:

\_\_\_\_\_  
Date \_\_\_\_\_ Supervisor

\_\_\_\_\_  
Date \_\_\_\_\_ Director of Schools

**Please submit applications for approval to the appropriate supervisor and the Director of Schools at least two weeks prior to the professional development event you wish to attend.**