

PROFESSIONAL DEVELOPMENT ACTIVITY APPLICATION

Complete both pages of this application. Send completed form to the applicable department at the Education Center (see page 2).

Name: _____ School: _____

Title of Professional Development Activity: _____

Professional Development Location: _____

Professional Development Date(s): _____ Number of Days: _____

Funds are requested from:

☐ Title II - Teacher Quality ☐ Title I ☐ Special Ed ☐ PTE ☐ Other (specify) _____

COMPLETELY FILL OUT THE CHART BELOW TO REQUEST FUNDS

You will not be reimbursed for anything not included on this chart.

Dates ➤						TOTALS
Substitute ☐ Full Day (\$100.00) ☐ Half Day (\$50.00) AM or PM ? ☐ None Needed						
Registration Do you want us to register for you? ☐ Yes (Must include registration form) ☐ No						
Hotel						
Meals (see Travel Voucher for per-diem allotments)						
Automobile (60¢ per mile)						
Flight						
Other (baggage fees, taxi, shuttle)						
Total Requested						

After you return, you must submit a Travel Expense Voucher before the amount approved will be reimbursed. Remember to include a name tag and receipts.

CONTINUED ON NEXT PAGE

Describe the professional development training to be received and explain the relevance to the building Title I plan and/or building school improvement plan. Include how the professional development training will improve student learning in your school.

Describe the follow-up activities that will be planned to ensure that the professional development is on-going and job-embedded. Please include approximate dates.

Describe how the success of this training activity will be evaluated. (You may use the Professional Development Activity Evaluation Form for your evaluation.)

Applicant's Signature: _____

To be completed by building administrator:

☐ Yes ☐ No The professional development activity supports the applicant's professional growth goal, building SIP or Title I plan.

☐ Yes ☐ No The professional development activity is part of an on-going staff development Model.
(Note: Workshops or conferences with no professional development follow-up for the participants do not qualify for Title I or Teacher Quality funds.)

Request has been ☐ Approved ☐ Denied

Your request for professional development funds has been approved for the amount of \$ _____

Approved by: _____

Principal/Supervisor Signature (Original signature needed. Signature stamps are not allowed.)

To be completed by Education Center administrator:

Request has been ☐ Approved ☐ Denied

Raina Patterson, Title I Coordinator

Rhonda Naftz, Career-Technical Coordinator

Janelle Armstrong, Interim-Director of Special Services

Amy Bowie, Director of Curriculum (Title II - Teacher Quality)