

**ROBERTSON COUNTY SCHOOLS
PROFESSIONAL DEVELOPMENT ACTIVITY PRE-APPROVAL FORM**

Check Appropriate Box _____ Teacher Request _____ School Request

School Name: _____

NAME _____
TEACHING ASSIGNMENT _____ ENDORSEMENT CODES _____

Activity Title: _____
Date: _____ Time: _____
ACTIVITY DESCRIPTION _____ _____ _____
PD Hours Requested <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____
Cost \$ _____ Are you requesting funding or reimbursement? Yes No
Pre-Approval is required for reimbursement requests
Reimbursement may be approved based on fund availability and alignment to building/district goals

Requestor Name _____ Date _____
Please print

Principal Signature _____ Date _____
Signature indicates approval

DIRECTIONS FOR COMPLETING PROFESSIONAL DEVELOPMENT ACTIVITY APPROVAL FORM

- Line 1 – check appropriate box
 - Teacher Request** – to be used for individual requests for conferences, on-line opportunities, out of county opportunities not originally listed on SchoolStation offerings
 - School Request** – to be used for school-based offerings for groups of teachers or the entire faculty
- Box 1 – To be completed only by teachers making individual requests
- Box 2 – To be completed for teacher and school requests
 - Activity Description** –Indicate the type of activity and note the relationship to at least one of the Following: TSIPP goals/action steps, identified data needs, overall professional growth of the school/program or the individual professional growth plan
 - PD Hours Requested** – If “yes” is checked, the activity will be placed on SchoolStation