

Special Education Staff Development Request Form

Park Rapids Area Schools

(one person per request form)

Name _____ Today's date _____
(mm/dd/yy)

Request For _____ Attendance at workshop or conference
 _____ Other _____

Title of staff development activity: _____

Date(s) requested activity: _____

Location: _____

Others attending: _____

Description and relation to district and/ or building staff development goals: _____

Requested costs to be paid by the school district:
 (Reimbursement will not exceed amount requested)

Substitute Pay: _____ Days @ _____ per day _____
 Registration: (Attach completed registration form.) _____
 Mileage: _____ Miles @ _____ per mile _____
 Lodging: (Attach confirmation # & hotel information) _____
 Per diem (non-workshop): _____
 Other: _____

Total: _____

- 1: IN THE ABSENCE OF SPECIAL EDUCATION NEEDS, WOULD THIS COST EXIST? _____
- 2: IS THIS COST ALSO GENERATED BY STUDENTS WITHOUT DISABILITIES? _____ IEP# _____
- 3: IF IT IS A CHILD-SPECIFIC SERVICE, IS THE SERVICE DOCUMENTED IN THE STUDENT'S IEP? _____
- 4: WILL THIS ITEM, SERVICE OR PROJECT EXPAND AND ENHANCE THE DIRECT INSTRUCTION OF STUDENTS WITH DISABILITIES? _____

 Building Principal Special Education Director Superintendent

Source of funding: Check one:

Building Special Education Staff Development

Elementary School _____ District Wide _____
 Middle School _____ Early Childhood _____
 High School _____

Code: E 01 _____