

# North Middlesex Regional School District Pre-Approval Request Form – Professional Development



REQUEST DATE: \_\_\_\_\_

NAME OF TEACHER: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ ACTIVITY TITLE: \_\_\_\_\_

COURSE PROGRAM/DESCRIPTION ATTACHED

PROVIDER: \_\_\_\_\_ START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

LOCATION: \_\_\_\_\_ HOURS: \_\_\_\_\_

FUNDING SOURCE: \_\_\_\_\_ COST: \_\_\_\_\_

FUNDING SOURCE MUST BE IDENTIFIED PRIOR TO REGISTRATION

REASON FOR ATTENDING THIS PD ACTIVITY:

Recertification of teaching license \_\_\_\_\_

Certification for an additional license \_\_\_\_\_

Other \_\_\_\_\_

## APPROVAL:

PRINCIPAL: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED  NOT APPROVED (Reason) \_\_\_\_\_

ASSISTANT SUPERINTENDENT: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED  NOT APPROVED (Reason) \_\_\_\_\_

*This form will be scanned to the teacher after pre-approval has been granted by the Assistant Superintendent. It must be resubmitted to the Assistant Superintendent after course completion with the instructor's verification of attendance, proof of payment and an EEV.*

## CENTRAL OFFICE USE ONLY:

VERIFYING SIGNATURE: \_\_\_\_\_

NUMBER OF PDPs/Hours of attendance: \_\_\_\_\_

COMMENTS: (if any) \_\_\_\_\_

*A copy of this completed form will be sent to you when credits are awarded.*