



Professional Development Request Form:

Request Information

Date of request:

Topic of Professional Development:

Requesting Staff Member's Name:

Staff members involved:

Will substitutes be needed?

Date(s) of training:(Must allow 3 weeks unless prior arrangements have been made)

Hours of training:(Must be during contracted hours)

Goal/ Objective of training:

Type of PD Requested:

Grade/Department:

Approval Information

Building Administrator:

Date:

Director of Teaching & Learning Approval:

Date:

Cabinet Approval:

Date:

Comments: