

Arlington Community Schools

Request for FLEX PD Credit

*The completed form must be submitted to ACSFLEX@acsk-12.org **prior** to the activity when requesting approval for FLEX PD credit. Submitting the form at least two weeks prior to the activity is **suggested** to allow sufficient time for review. Approval is not guaranteed upon submission. You will receive notification regarding the approval status prior to the event.*

1. First Name: _____

2. Last Name: _____

3. Base School/Location: _____

4. Activity Title: _____

5. Activity Description: _____

6. Activity Date (mm/dd/yy): _____

7. Activity Location: _____

8. Website address , if applicable: _____

9. Enter the number of FLEX PD hours you are seeking for the activity: _____

10. Related Department/Division: _____

(i.e. Reading/Lang. Arts, Math, Science, Social Studies, Technology, SpEd, etc.)

11. Please provide a brief rationale for the request.

How will the activity impact your classroom? What is the anticipated effect upon student achievement?

I understand that evidence of attendance must be submitted to the district's FLEX email account within 10 school days after completion of the approved activity in order to receive credit. **Submitting evidence in a timely manner allows time for corrections if any issues arise with the documentation.** (i.e. certificate of attendance, email verification of attendance, etc.)

☒ Yes

☐ No

District Administrator: _____

Date Submitted (mm/dd/yy): _____

Date Approved (mm/dd/yy): _____

Approval/Denial notification sent (email or hard copy): _____

☒ Yes

☐ No