

**FERNDALDE AREA SCHOOL DISTRICT
ACT 48 REQUEST FORM**

INSTRUCTIONS: Professional educators should use this form to request that appropriate Act 48 hours completed outside the district and not reported by the agency granting the hours, be reported by Ferndale Area School District to the PA Department of Education. Act 48 activities must align to the PDE approved FASD Professional Development Plan in order for hours to be recorded. Please contact Mr. Jeffrey R. Boyer, Superintendent, if you would like pre-approval before completing the activity.

Name: _____

Activity Start Date: _____ Activity End Date: _____

Workshop/Session Title: _____

Name of Facilitator or Source: _____

Act 48 Hour Value: _____

Items to Include or Attach for Approval:

_____ Detailed description or agenda of specific activity/workshop session (you may provide URL or website information).

_____ Proof of completion or attendance

_____ 3-5 sentence summary of your evaluation of the session and how the information from this professional development session can be implemented or useful in your classroom or current assignment.

Signature of Employee: _____ Date: _____

RETURN THIS FORM TO: Administrative Office

Principal Approval: APPROVED _____ DISAPPROVED _____

Principal Signature: _____ **Date:** _____

Superintendent Approval: APPROVED _____ DISAPPROVED _____

Superintendent Signature: _____ **Date:** _____