August 2026

ROBERTSON COUNTY SCHOOLS
PROFESSIONAL DEVELOPMENT ACTIVITY PRE-APPROVAL FORM

Please complete all sections of the form and submit with links, fliers, or relevant documentation of the PD event to the Federal Programs Department for approval.

NAME _____ SCHOOL _____

TEACHING ASSIGNMENT _____

Activity Title: _____

Date: _____ Time:_____

Activity Location: _____

ACTIVITY DESCRIPTION

_____

_____

RELEVANCE TO ASSIGNED POSITION (Indicate how the activity supports the school/program's overall professional growth or the individual professional growth plan.)

_____

_____

PD Hours Requested (Circle One): Yes or No If yes, how many? _____

Cost $_____ Are you requesting funding or reimbursement (Circle One)? Yes or No

If seeking reimbursement: How does this PD support the school's improvement goals? (Indicate how the activity connects to SIP goals, action steps, or identified data needs.)

_____

_____

Pre-approval is required for reimbursement requests. Reimbursement is subject to fund availability, relevance, and alignment with building and district goals.

Requestor Name _____ **Date** _____
Please print

Principal Signature _____ **Date** _____
Signature indicates approval