

REQUEST FOR PROFESSIONAL DEVELOPMENT

At least three weeks prior to the workshop/conference: 1. Complete this form. 2. Obtain your principal's signature. 3. Enter request in Skyward. 4. Send completed form to Susan Stella at the Unit Office.

I. CONTACT INFORMATION	
NAME (Last, First)	DATE
DEPARTMENT/GRADE	SCHOOL/S

II. WORKSHOP/CONFERENCE INFORMATION	
TITLE OF WORKSHOP/CONFERENCE	NAME OF ORGANIZATION HOSTING WORKSHOP/CONFERENCE
REQUEST FOR FUNDING <input type="checkbox"/> District Title II PD Funds (Reading, Math, Assessment, Student Growth, or Instructional Strategies.) <input type="checkbox"/> Not Title II eligible	DATE/S OF WORKSHOP/CONFERENCE Date/s _____ <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Sun.
\$ _____ Amount of Workshop (Attach completed registration.) <input type="checkbox"/> Not requesting funding (Attach completed registration.)	
<input type="checkbox"/> Substitute Needed OR <input type="checkbox"/> Substitute Not Needed	
REQUESTED AMOUNT OF REIMBURSEMENT, if applicable (specify amount per category hotel/travel)	

III. STRATEGIC OBJECTIVES
<p><i>Select the strategic objective that aligns to the Why "In All Things...Students First":</i></p> <input type="checkbox"/> Data Driven & Continual Improvement. Continually analyze data on student learning and educator, school, and district performance to improve student learning and teacher quality. <input type="checkbox"/> Equity and Excellence. Ensure that all students have access to high-quality instruction that meets their academic, social, emotional, and physical needs. Taking students from where they are. <input type="checkbox"/> Systems Approach. Provide an infrastructure of tools, systems, and services that supports district initiatives and expands the learning environment for students and families.

IV. PROFESSIONAL PRACTICE & STUDENT LEARNING GOAL
<p><i>Give a brief narrative explaining how this professional development opportunity supports your Professional Practice and/or Student Learning Goal.</i></p>

V. APPROVAL	
Signature of Principal	<input type="checkbox"/> Approved
DATE	<input type="checkbox"/> Not Approved (reason)