## Professional Development Prior Approval Form

DBJECTIVES: What will the participants know, understand, and be able to do as a result of this training?  EARNING METHOD: Mark the most appropriate delivery method.  Workshop conference RESA Other  VALUATION (Students): How will you determine the impact on student achievement?  VALUATION (Staff): How will you determine the impact on teacher/staff practices?  IOURS: How many hours will be spent on this training (not including breaks and lunch)?  egistration fee: Hotel accommodations/nights  **Submit a copy of this form to Professional Learning Coordinator with Agenda  District Approval  Professional Learning Coor. Signature  Date Funding Codes	Name:		<b>Position:</b>	
Title of Professional Training Activity:  Location: Begin Date: End Date:  EEDS ASSESSMENT: What evidence have you gathered to show the necessity for this training? elative DIP or SIP GOAL:  BJECTIVES: What will the participants know, understand, and be able to do as a result of this training?  EARNING METHOD: Mark the most appropriate delivery method.  Workshop conference RESA Other  VALUATION (Students): How will you determine the impact on student achievement?  VALUATION (Staff): How will you determine the impact on teacher/staff practices?  OURS: How many hours will be spent on this training (not including breaks and lunch)?  egistration fee: Hotel accommodations/nights  **Submit a copy of this form to Professional Learning Coordinator with Agenda  District Approval  Page 1. Panding Codes  ands are available in my budget to cover this expense: No	Phone:	Email:		
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District Approval  Professional Learning Coor. Signature  Date  Funding Codes  Funding Codes  Funds are available in my budget to cover this expense Yes No		will you determine the in	npact on student acl	hievement?
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Professional Learning Coor. Signature  Date  Funding Codes  Funding Codes  Yes No	**Submit a copy of	this form to Profession	nal Learning Coo	rdinator with Agenda
Funds are available in my budget to cover this expense Yes No		District 2	Approval	
Funds are available in my budget to cover this expense Yes No  **Director's signature /date**	Professional Learning Coor. Signature	Date	Funding Codes	
Director's signature /date	runds are available in my budget to co	over this expense	Yes No	
				Director's signature /date

October 2023