

Professional Development Prior Approval Form

Name:

Position:

Phone:

Email:

School:

Supervisor Approval:

Title of Professional Training Activity:

Location:

Begin Date:

End Date:

NEEDS ASSESSMENT: What evidence have you gathered to show the necessity for this training?

Relative DIP or SIP GOAL:

OBJECTIVES: What will the participants know, understand, and be able to do as a result of this training?

LEARNING METHOD: Mark the most appropriate delivery method.

Workshop conference

RESA

Other _____

EVALUATION (Students): How will you determine the impact on student achievement?

EVALUATION (Staff): How will you determine the impact on teacher/staff practices?

HOURS: How many hours will be spent on this training (not including breaks and lunch)? _____

Registration fee: _____ Hotel accommodations/nights _____

****Submit a copy of this form to Professional Learning Coordinator with Agenda**

District Approval

Professional Learning Coord. Signature

Date

Funding Codes

Funds are available in my budget to cover this expense. _____ Yes _____ No

Director's signature /date