

# New Milford Public Schools



*Department of Instruction*

## **Professional Development/Alternative Assignment Request**

Professional learning is at the center of our educator evaluation and support model.. The goal of the continuous learning process is to provide educators with continuous learning opportunities for professional growth through self-directed analysis and reflection, planning, implementation, and collaboration. Attendance at workshops, conferences and other professional offerings is one way to engage in the learning process.

We have revised our request form and ask that you adhere to the deadlines set.

**Complete Part I: Part I must be completed and discussed with your building leader at least one month prior to the event or offering.**

### **PART I**

**Today's Date (m/d/yyyy):**

**Name:**

**School:**

**Request for Professional Day (s): Dates:**

**How many days?**

**This is my \_\_\_\_ Professional Development/Alternative Assignment Request this year (# of requests).**

**Name of the Professional Learning Experience: :**

**Location (Facility, City, State):**

**Requesting Substitute Coverage: ( Y or N)**

**Describe how this day aligns with the district strategic plan, district goals, and/or school based goals additionally how will assist you in your professional growth and how this directly connects to the district approved curriculum; or list reason for alternative assignment.**

(400 character limit)

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Describe how you will turnkey the new learning for others in your role, school, or district. Examples may be, present at a staff meeting, create a Screencastify for colleagues of new learning, or present at Grade Level or Department meetings.

(400 character limit)

### Part II

#### Meet with building principal to discuss

Meeting Date (m/d/yyyy):

Building Level Administrator Name:

(A) Did you register?		<i>If yes to (A) and/or (B), send completed registration form to Director of Pupil Personnel/ Special Services (all Special Ed) or Assistant Superintendent (all others)</i>
(B) Did you prepay?		
(C) Alternative assignment?		

\_\_\_\_\_  
Principal -- Date Signed

System Review:  Granted  Denied

\_\_\_\_\_  
Teacher Signature  
(signature indicates understanding and agreement of sharing new learning with other educators.)

<b>Expenses:</b> Complete as part of request	
Registration fee:	
Mileage:	
Lodging	
Meals:	
Other:	
Substitute:	
Total Expenses	\$

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## **Part III**

### **Central Office Approval**

- Granted**  
 **Denied**

\_\_\_\_\_  
Assistant Superintendent Signature and Date

\_\_\_\_\_  
Director of Pupil Services Signature and Date

### **Funding Sources - (Check all that apply)**

Title II Funds:  Other:

Local Budget:  Enter Code:

<b><u>PART III</u> Actual Expenses:</b> Complete after workshop: <b>Attach receipts and send printed copy to business office.</b>	
Registration fee:	
Mileage:	
Lodging	
Meals:	
Other:	
Substitute:	
<b>Total Expenses</b>	\$