

Professional Development Request

Teacher's Name: _____

Activity: _____

Date(s): _____ Location: _____

Reason for Attendance: How will your participation, in this professional activity, benefit student outcomes, improve your instructional techniques, and/or improve teacher effectiveness?

Budget: Registration/Fees	\$ _____
Lodging	\$ _____
Transportation (\$.40 per mile)	\$ _____
Supplies/Materials	\$ _____
Substitutue (\$60.00 per day)	\$ _____
Meals: Breakfast (\$8.00 per day)	
Lunch (\$10.00 per day)	
Dinner (\$15.00 per day)	\$ _____
Other: _____	\$ _____
Total	\$ _____

COMMITTEE RESPONSE

_____ Approved _____ Not Approved _____ More Information Needed

_____ PDC Chairperson Signature _____ Date

Comment: _____

_____ Approved _____ Not Approved _____ More Information Needed

_____ PDC Member Signature _____ Date

Comment: _____

_____ Approved _____ Not Approved _____ More Information Needed

_____ PDC Member Signature _____ Date

Comment: _____

_____ Approved _____ Not Approved _____ More Information Needed

_____ ADMINISTRATOR'S Signature _____ Date

Comment: _____