STAFF DEVELOPMENT REQUEST FOR APPROVAL

Federal Program	CTE	SPED
Total number requesting	approval:	
ADMINISTRATOR(S)	TEACHER(S)
School:		
Conference Worksho	op Training _	Other (Explain)
Activity Title:		
Description (Attach Agenda/	Brochure):	
Please indicate which of the	following your reque	sted activity supports:
School Improvement Plan	BOE Strategic Pl	an Individual Growth Plan
Travel Destination: City:		(No out-of-state)
Anticipated Expenditures: (0 Mileage Lodgin		tion Meals
Dates of Activity:		
Will leave on	and refu	ırn to work on
Principal's Signature		Date
professional development check	list and roster of partici ast ten (10) workdays p	lan to attend to the Title I Office The ipants should be attached to this form rior to the event. Requests must be
After receiving approval, the scl	nool is responsible for a	all registrations.
person is attending the same me	eting and you choose no ursement for overnight	pooling is mandatory. If more than one of to carpool, you may not apply for lodging will not be paid if a meeting is nee.
Reviewed and Approved by:		Date: