

PROFESSIONAL DEVELOPMENT REQUEST

NAME _____ DATE SUBMITTED _____

DATE(S) REQUESTED _____

Funding Source: _____
(If known - IASA, Teacher Quality, etc.)

- 1) Itemize all anticipated expenses
- 2) Complete the second page of this form

\$ _____ Travel [Current IRS Rate] (Complete Travel reimbursement form upon return)

\$ _____ Registration (Attach completed registration form)

\$ _____ Hotel (make arrangements with Supt's Office)

\$ _____ Other _____

\$ _____ Total

Signed: _____

Administrative action:

_____	_____	<input type="checkbox"/> Need more information
Principal's recommendation	Date	
_____	_____	<input type="checkbox"/> Approved
Superintendent's approval	Date	
_____	_____	<input type="checkbox"/> Not Approved

Approved-Returned to requester on (date:) _____

Registration and accommodations are the responsibility of the requester, if you need further assistance, please see Central Office

1) Please provide (or attach) a brief description of the Professional Development activity requested.

2) How will this activity improve student academic achievement?

3) How will I use the skills/knowledge gained by this activity in my classroom?

4) How will this activity assist in student achievement of the Maine Learning Results?

5) Once the activity is completed, I would would not share my learning with (list all that apply)

- My team
- My building level
- All professional staff

6) This activity is part of my Recertification Plan Yes No