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:

☐ Need more information
☐ Approved
☐ Not Approved

Principal's recommendation Date

Superintendent's approval Date

REVIEWED: 9.1.2023
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