

Federal Funds

PROFESSIONAL DEVELOPMENT ACTIVITY REQUEST FORM

Employee Name _____ School _____ Date _____

Professional Development Activity (Include completed, legible copy of registration form)

Activity Date(s) _____ Other staff participating _____

Location (City and State) _____

Links to School Improvement Plan, District Consolidated Plan, and/or Student Achievement:

Substitute Teacher Required: Yes ____ **No** ____ **Estimated Cost of Trip:**

Registration \$ _____

*Travel Expenses (attach explanation) \$ _____

** No mileage for personal vehicles except in pre-approved circumstances*

Meals (required overnight stay) \$ _____

Materials/Supplies \$ _____

Substitute (# of days ____ x \$75 per day) \$ _____

Total Estimated Cost of Trip/Activity..... \$ _____

Signature of Employee _____ Date _____

Principal/Appropriate Supervisor _____ Date _____

Principal's Approval for Authorized Leave (Initial) ____ Approved ____ Not Approved

I understand that I am responsible for presenting handouts, content, and instructional ideas to faculty/ department members upon return from the conference/ workshop. The professional development evaluation form is required within 30 days of conference.

Date/time scheduled to present: _____ Principal/Teacher initial _____/_____

PRINCIPAL: PLEASE CHECK FUNDING SOURCE TO RESERVE THESE FUNDS

Turn in signed original expense receipts within two (2) weeks after activity to insure payment.

Return completed form to Vivian McCord in the Central Office.

Central Office use only	
Approved _____ Denied _____ Reason _____	
Funds _____ Amount _____	
Staff signature _____ Date _____	

Professional Development Activity Evaluation

(to be submitted to Vivian McCord at the Central Office within 30 days of the activity)

Staff members who are funded for professional development activities should provide an evaluation of the activity after its completion including the information below.

Employee Name _____ School _____ Date _____

Professional Development Activity:

Links to School Improvement Plan, District Consolidated Plan, and/or Student Achievement:

In what ways did the activity meet your professional development needs?

Would you recommend this activity in the future? Why or why not?

How will you apply information from this activity in your classroom to increase student achievement?

Handouts, content, and instructional ideas must be shared with your professional learning community.

Date(s) of presentations _____

Attended by: _____

Agenda (include topics covered and attach copies of handouts)

Teacher's Signature

Principal's Signature

Date

Professional Development Activity Proposal

THIS IS NOT A COMMITMENT!

In order for Title IIA funds to pay for this request, you must share this information with other teachers and staff.

PLEASE CONTACT VIVIAN MCCORD IF CHANGES NEED TO BE MADE IN THE PROPOSAL PRESENTATION

Employee Name _____ School _____ Date _____

Title of Proposed Professional Development Activity:

Links to School Improvement Plan, District Consolidated Plan, and/or Student Achievement:

When?	How Long?	Where?
Summer		
After School		
Planning Time		
PLC Day		
Other		

Materials, Equipment, and other needs: _____

Intended Audience:

Agenda: (include topic covered and attach copies of handouts, Powerpoints, etc.)

If conference attendance is included in this request, what sessions will be identified as a focus for the participants and how was that focus determined? How many hours of training will be available over the course of the conference? What follow-up will be available for the conference?

Professional development is a set of activities that produce a demonstrative and measurable effect on student academic achievement. What data did you use to determine the need for this training?

Is this activity based on a review of scientifically based research? Attach the documentation of the research reviewed.

Will it contribute to the elimination of the gap that separates the performance of low-income and minority students from other students? Provide supporting documentation.

How is this training aligned with challenging State academic and content standards?

Will this activity received support from any other local, state, or federal program? If so, which ones.

Will this activity enable teachers to teach to the needs of children with different learning styles, improve student behavior in the classroom, involve parents in their child's education or understand and use data and assessments to improve classroom performance and student learning? Explain and support your answer.

How will you evaluate and document the results of this training? Provide a proposed timeline for implementation, evaluation and follow-up.