

Application for Professional Learning Activity/Conference (Out-of-district)

Name: _____ Date: _____

Program Title and Location:

(Attach a copy of brochure or printout of /offering.)

Program Content:

This program/activity is linked to (circle all that apply):

Board/District Goals	School Goals	Professional/Team Goals	Related to Curriculum/Instruction/Assessment/ Student Learning Objective (SLO)/Education Evaluation
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Explain:

Have you attended any other out-of-district programs this year? _____

Date of Program: _____ Is sub required? Full or Partial Day?
(It is the responsibility of the teacher to register/pre-pay and to confirm sub coverage.)

Registration Cost: \$ _____ (Retain a copy of your receipt for reimbursement.)

Previous reimbursements received this school year for Professional Learning: \$ _____

Signature of Teacher/Staff Member Date

Principal's Signature Date

Administrative Approval & Reimbursement Authorization \$ _____
Superintendent Reimbursement Amount
Date: _____

To the Principal: Please indicate if reimbursement is from contracted amounts or from Building/District Professional Learning accounts. (For District accounts, Central Office pre-approval is required.)

For members of the Special Education Department: approval is also required from the Director of Pupil Services.

Distribution: completed form goes to Building Principal, then to Superintendent, with copies for Curriculum Director and for Teacher/Staff Member's records.