

# Application for Alternate Plan for Professional Learning (In-district)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Program Title:

(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:

Program enhancements/professional outcomes expected (link to Professional Growth and/or Student Learning):

Signature of Teacher/Staff Member

Date

Principal's Signature

Date

Signature of Superintendent or Curriculum Director

Date of Receipt

**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.**

