

Professional Development Request Form

To be completed 2 weeks prior

<u>Mission</u> Every Student, Every Day	<u>Vision</u> Develop strong relationships among students, staff, and families Develop partners in our community Equip students to be prepared for the future by providing opportunities for collaborative work in real-world learning experiences Maintain high expectations for student success Guide and empower students to develop academic, social, and emotional well-being	<u>Values</u> Positive Attitude Collaborative Creativity and Innovation Relationships Supportive	SIP Goals •
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Collaboration Day/PD Conference Request

- PLC Team or requesting teacher must check with Mrs. Basler about available dates on the Master and Release Calendar, if sub is needed
- Complete request form and return to Mrs. Basler.
- Mrs. Basler will then pass the request form to the DB PD committee.
- The DB PD committee will meet and then contact you on whether your day was approved.
- Form will be given to Cheryl and a copy to the requesting party.

- Collaboration days must show a connection to SIP goals
- All Conference attendees will share new learning with the appropriate building or district colleagues within a reasonable period of time following the conference.

Requesting Teacher(s): _____

Date Submitted _____

Date(s) requested for collaboration or conference: _____

☐

Sub Needed

☐

Sub Not Needed

☐

Stipend Request

☐

Full Day

☐

Half Day

☐

AM

☐

PM

- If conference request, the conference request form 0120 on page 2 needs to be completed
- If other PD resources are requested, form on page 2 needs to be completed.

Office Will Complete and forward to PDC Chair

_____ No other grade level collaborating that day

_____ Does not conflict with Building Master Calendar

_____ Does not conflict with District Release Calendar

_____ Submitted at least 2 weeks prior to collaboration day

Location _____ Room Booked On _____ Date Submitted: _____

- ☐ Approved By PDC Committee on _____
- ☐ Please use release code 076 for your collaboration day.
- ☐ Please enter into AESOP/ Frontline as soon as possible.
- ☐ Not Approved and Reason _____

Conference Request (Form 0120)

Conference Name: _____

Conference Date: _____

Conference Cost: _____

Total Sub Cost: _____ full day\$ 160.00 ½ day \$80.00 _____

What professional development will result from this conference?

When will this information be shared with building or district colleagues?

PD Resources Request Form

Name of resource: _____

Cost of resource: _____

Where to purchase: _____

(links helpful)

What professional development will result from this resource?
