MONTGOMERY COUNTY R-II SCHOOL DISTRICT 2020-2021

**PROFESSIONAL DEVELOPMENT REIMBURSEMENT FORM**

**Your request for reimbursement for this activity has been tentatively approved based on funds allotted in the Professional**

**Development budget. After you have completed the activity, return this form (completed on both sides) along with receipts for reimbursable expenses.**

**Name:**

##### Professional Growth Activity:

**Reimbursement (attach receipts)**

**Registration: \_ \_ \_\_**

**Mileage: # miles x $0.40 / mile \_\_\_\_\_\_**

**Lodging:**

**Other (specify): \_\_\_\_\_\_\_\_\_\_\_**

**Total:**

**Office Use**

**Budget Code**

**PD IND Title I Other \_\_\_\_\_\_\_\_\_\_**

## \_\_\_\_\_PD BLDG \_\_ \_\_ \_\_\_ Title II A

**\_\_\_\_\_PD DIST Title IV**

**PD ADMIN Office Travel**

**Amount authorized for reimbursement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_,**

***Building PD Representative’s Signature*:**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Central Office Initials:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### Reverse side must be completed

#### Montgomery County R-II

**PD Follow – Up Evaluation**

**Name:**

**Name of Activity:**

**Date Attended: \_\_\_\_\_ Location:**

**Professional Development Goal Reference**

**\_\_\_\_Technology in instruction \_\_\_\_Teaching to Missouri Learning Standards**

**\_\_\_\_ Improved student achievement \_\_\_\_ Refining skills and keeping current with new trends**

**\_\_\_\_ Building goals \_\_\_\_\_ Training on nonbiased practices and**

**language or equity-awareness**

**\_\_\_\_\_ Answers one of the four guiding questions (please list which question)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please rank the following relative to the above listed activity.**

**1-below expectation 2-nearing expectation 3-meets expectation 4-exceeds expectation**

**> Topics are relevant 1 2 3 4**

**> Usefulness of topics 1 2 3 4**

**> Meets goals/goal oriented 1 2 3 4**

**> Presenter effectiveness 1 2 3 4**

**Describe briefly the effectiveness of this workshop as it relates to improving your teaching practices. Specifically, how have you used information/material from the activity?**

**How are you going to share the information gained from this workshop?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**