

**ISAAC SCHOOL DISTRICT
CERTIFIED PRIOR APPROVAL
PROFESSIONAL GROWTH FORM**

NAME: _____

SCHOOL/DEPARTMENT: _____

Please list only graduate courses above and beyond your highest degree. Only graduate classes/degrees that are related to your anticipated assignment will be approved. The only exception are approved special needs of the district, and Spanish, bilingual, or administrative coursework. District courses taken on own time and did not receive any incentive qualify for professional growth. (Staff Development day courses do not qualify for salary advancement.)

LIST ALL DEGREES:

BA: _____ **DATE CONFERRED:** _____

MA/MED: _____ **DATE CONFERRED:** _____

PHD/EDD: _____ **DATE CONFERRED:** _____

OTHER: _____ **DATE CONFERRED:** _____

CURRENT STEP: BA+ _____ MA+ _____ PHD/ED+ _____

REQUESTED STEP: BA+ _____ MA+ _____ PHD/ED+ _____

Course No.	Title of Course/Workshop	College	Credit/ Clock Hrs.	Semester Year		Transcript Grade Slip

Principal's Signature

Date

No. of hours requested

Executive Director of Human Resource

Date

No. of hours approved

**** Note: Transcripts or grade slips must be produced to verify all coursework.**

White: Human Resources

Yellow: Employee