

Approved _____
Not Approved _____

WOODVILLE ISD Professional Development Pre-Approval Form

Name _____ Campus _____

Staff Assignment _____

Requested Professional Development _____

Date(s) _____ Location _____ Hours _____

Cost \$ _____ Overnight Stay Y or N How many nights? _____

Any professional development that is obtained shall be shared with other stakeholders at the campus level and /or district level.

Professional Development/Activity Aligned to:

- | | | |
|---|--|--|
| <input type="radio"/> Classroom Management | <input type="radio"/> Curriculum Alignment | <input type="radio"/> Instructional Technology |
| <input type="radio"/> Instructional Strategies | <input type="radio"/> Response to Intervention | <input type="radio"/> Behavioral Strategies |
| <input type="radio"/> Data Analysis and Decision-Making | <input type="radio"/> TEKS Updates | <input type="radio"/> Specific Content Knowledge |
| <input type="radio"/> Student Motivation | <input type="radio"/> Special Education | <input type="radio"/> Special Programs |
| <input type="radio"/> AP/GT Training
<small>(Prior approval from GT Coordinator required.)</small> | <input type="radio"/> Other _____ | |

Please briefly describe how the professional development activity will be utilized to improve the instructional process and effectively prepare students to meet state or local achievement standards.

Employee Signature _____ Date _____

Principal Signature _____ Date _____

Curriculum Director Signature _____ Date _____