

**EAST MILLINOCKET SCHOOL DEPARTMENT
PROFESSIONAL DEVELOPMENT APPROVAL FORM**

Employee's Name: _____ Date: _____

Title of Activity: _____

Date(s) of Activity: _____

Location of Activity: _____

Description of Activity: _____

Other Employees Involved in Activity (each participant needs to fill out a form):

Focus of Activity:

<input type="checkbox"/> Career Prep	<input type="checkbox"/> Health/Physical Education
<input type="checkbox"/> English	<input type="checkbox"/> Mathematics
<input type="checkbox"/> Modern/Classical Languages	<input type="checkbox"/> Science
<input type="checkbox"/> Social Studies	<input type="checkbox"/> Visual/Performing Arts
<input type="checkbox"/> Parameters for Essential Instruction	<input type="checkbox"/> Other (describe)

Does this activity have a connection to the Parameters for Essential Instruction (PEI) and Common Core?

Yes No

Substitute Needed: Yes No **(please notify the appropriate person in your building to obtain a substitute after receiving this signed approved form back.)**

Estimated Cost:

Registration: \$ _____

Mileage: \$ _____

Supplies: \$ _____

Other: \$ _____ (describe)

Total: \$ _____

(See appropriate secretary to fill out purchase order and submit reimbursement form after you have attended the conference)

APPROVED BY:

Principal/Supervisor

Superintendent of Schools

OFFICE USE ONLY

IDENTIFY SOURCE OF FUNDS:

Title I

Regular Budget Account # _____

Other