PRE-APPROVAL PROFESSIONAL DEVELOPMENT REQUEST

Name of Workshop/Training/Conference: _____

Description of PD attached: ___agenda ___flyer ___memo/email ___other Date: _____

Day: S M T W Th F S Time: _____to_____ Number of PD hours_____

Type of PD hours requested: ___flex professional development (counts toward required 60 hours)
___other professional development (does not count toward required 60 hours/ attending during contracted teaching time)

Location of Training: _____ Presenter: _____

Person(s) Attending: _____

Check one or more of the professional development areas to which the training applies. All professional development activities must be designed to improve student's academic performance. (required)

___Arkansas Content Standards/Frameworks	___Cognitive Research	___Principles of Learning/Developmental Stages
___Instructional Strategies	___Assessment	___Building a Collaborative Learning Community
___Advocacy/Leadership	___Systematic Change Process	___Parental Involvement
___Supervision/Class Management	___Curriculum Alignment	___Health/Wellness
___Mentoring/Coaching	___Arkansas History	___Finance/Scholarship
___Educational Technology	___Data Analysis	

Does this professional development meet the following 5 criteria for approval:

(1) the training is supported by the building or district ACSIP plan, (2) the training is aligned with state standards, (3) The training is based upon scientifically based research, (4) the training leads to improved student achievement, and (5) the training follows all guidelines for district, state, federal and grant funding?

_____**YES** _____**NO** **SUBSTITUTE NEEDED** _____**YES** _____**NO**

Expenditures will be funded by the following: _____no funds needed _____attendee will pay ____site budget

Administrator's signature below indicates approval of professional development and compliance with all funding guidelines for expenditures for building funds. Substitutes are the responsibility of the building administrator.

Total amount requested: _____ **Site budget code**: _____

(Check applicable expenditures)

___materials and supplies	___mileage	___hotel
___purchase services	___meals	___other
___conference fee	___airfare	

_____ _____

Person Submitting Request **Date** **Principal/Supervisor** **Date**

_____Alternate funds requested (example Title 1, Spec. Ed.)

_____Approved _____Disapproved _____Incomplete Information/Resubmit

_____ _____

Professional Development Administrator **Date**

Request for out of state travel must be approved by Superintendent.

_____ _____

Superintendent **Date**