



Public Schools of Robeson County
In-Service Education Programs (For Staff Development Coordinator)
Application for Prior Approval of Activity

Revised 7.2023

This form is to be used to secure prior approval of local courses and workshops that will not carry official college credit from a senior college or university. Credit earned in approved courses and workshops can be used toward renewal of the North Carolina teaching certificate subject to prior approval of employing superintendent in North Carolina. ***This form must be submitted to the Staff Development Coordinator at least two weeks prior to the activity.*

Name of Person Submitting Request: _____ Date: _____

School/Department: _____ School Code: _____

NC Star Comprehensive Improvement Plan Indicator: _____

Select Only One: **Content** **Digital Learning** **General** **Literacy** **Leadership** **Required/Optional**

Title of Workshop: _____ Required

Date(s): _____ Time(s): _____ Place: _____ Optional

Total Number of Clock Hours: _____ Number of Units of Credit Requested: _____

Sponsor(s): _____ Target Audience: _____

Minimum # of Participants: _____ Maximum # of Participants: _____ Grade(s): _____

Brief Description: _____

Type of evaluation of each teacher's performance that will be used as basis for granting credit: _____

Name of consultants, resource persons or presenters: _____

Plan for follow-up/monitoring participants' growth: _____

List estimated cost below: *If this is a school level activity, the principal must sign indicating approval of the expenditure from the school budget.*

	Amount Requested	Source of Funds	Signature
Instructor:	_____	_____	_____
Supplies:	_____	_____	_____
Substitutes:	_____	_____	_____
*Stipends:	_____	_____	_____
Other:	_____	_____	_____

(**All stipends are to be submitted on a Staff Development Stipend Roster and a copy of this prior approval must be attached.*)

District Level Sponsorship: **Approved** **Disapproved** **Types of Funds Used:** **State**

Supervisor's/Principal's Signature: _____ Date: _____ **Other:**

Staff Development Coordinator: _____ Date: _____ **(Identify)**

Superintendent's Designee: _____ Date: _____