

Appendix F – Lutie R-VI Professional Development Request Form

Activity:

Date:

Location:

Budget Request:

Registration – Fee:

Lodging:

Food:

Transportation:

Substitute Teacher:

Total Cost:

Reason for attendance: [Benefit for students/faculty/professional effectiveness]

Which district goal does this activity address in the CSIP?

You are required to provide an in-service/report regarding your activity to the faculty.

Teacher signature

Date submitted

PDC approved initials _____

Comments:

Principal's Signature

Date