WORKSHOP/CONFERENCE/PROFESSIONAL DAY REQUEST FORM

I am requesting permission to attend: Confe Coaching assignment, as per the following	erence Workshop Seminar IEP or information:
ATTACHED COPY OF REGISTRATION PA	APERWORK
Name of Conference	
Location	Date/Time
Purpose: Describe how requested training is link training will support the Common Core Standard	ed to the SIP of the building or district, and how the s
Dissemination of Information/Knowledge: A program evaluation must be submitted to the building principal	Professional Development Expenses Registration Cost:
by each person attending the professional development activity within one (1) week of the training unless	Mileage/Transportation Other
deferred by the building principal. If professional development expenses are to be re-	Total
ii professional development expenses are to be re	imoursed by another entity, please list
List source of funds used for Professional Develo	pment expenses:
	Teacher Signature/Date
	Principal Signature/Date
Approved Denied	Superintendent Signature/Date