

Alternate Professional Development Request Form

This form is to be used for requesting permission to attend alternate professional development sessions in lieu of scheduled in-district PD days.

Name: _____		Position: _____			
School:	ECC	AES	CCMS	CCHS	Foothills Academy
Name of PD Activity: _____					
Location of PD Activity: _____			Hours of PD Activity: _____		
PD Activity will be attended as an alternate to the following in-district PD day(s): _____					

Please complete this form and submit to your principal. He/she will sign the request form, if the alternate PD is an approvable professional development activity, and forward to Instructional Supervisor / Assistant Superintendent Paula Little. Sign your name, school, and date for which alternate PD is substituted on the documentation of the PD activity. (Examples of documentation: copy of registration form, copy of agenda or certificate of attendance). Submit documentation of the alternate PD activity to Paula Little.

Check the PD areas that pertain to this workshop:

- | | | |
|---|--|--|
| <input type="checkbox"/> Content (K-12) | <input type="checkbox"/> Mentoring / Coaching | <input type="checkbox"/> Building a Collaborative Learning Community |
| <input type="checkbox"/> Supervision | <input type="checkbox"/> Standards, Frameworks, & Curriculum Alignment | <input type="checkbox"/> Systemic Change Process |
| <input type="checkbox"/> Educational Technology | <input type="checkbox"/> Principals of Learning / Developmental Stages | <input type="checkbox"/> Parental Involvement |
| <input type="checkbox"/> Assessment | <input type="checkbox"/> Cognitive Research | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Advocacy/Leadership | | _____ |
| <input type="checkbox"/> Instructional Strategies | | |

How will this PD activity help you increase your students' academic performance?

How is this activity linked to your Comprehensive School Improvement Plan (CSIP), common core standards, or research-based best teaching practice?

Principal Signature and Date of Approval

*Instructional Supervisor / Assistant Superintendent
Signature and Date of Approval*