

# Sarcoxie R-II School District

## PD Request Form

*Please attach all registration forms. Room & conference registrations will be made by the Central Office unless otherwise notified by Central Office. Keep all receipts.*

Name: \_\_\_\_\_ Name of Conference/Workshop: \_\_\_\_\_

Date(s) and time: \_\_\_\_\_ Location: \_\_\_\_\_

Select all that apply:

Applicable CSIP goal(s)	1	2	3	4
Applicable PD goal(s)	1	2	3	
Applicable NEE indicator(s)	1	2	3	4

Describe the nature of this activity and how it applies to the selected goals/indicators or attach a copy of the published description:

\_\_\_\_\_

\_\_\_\_\_

How will you share the information learned from the conference/workshop with other teachers and staff:

\_\_\_\_\_

\_\_\_\_\_

PDC Support Requested: *(Check appropriate items & note costs.)*

Substitute needed for ___ days @ \$90.00	\$ _____
Conference/Workshop fee	\$ _____
Transportation @ \$0.37 per mile (Total Mileage = _____)	\$ _____
Lodging for ___ nights @ _____ per night (Dates _____)	\$ _____

What funds will be used for this conference/workshop?

Regular PD                  Title I PD                  Title 2 PD                  Other: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PDC approval: \_\_\_\_\_ Date: \_\_\_\_\_

Principal approval: \_\_\_\_\_ Date: \_\_\_\_\_