

PROFESSIONAL DEVELOPMENT PRIOR APPROVAL REQUEST

NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_

TITLE OF ACTIVITY \_\_\_\_\_

TRAVEL (CIRCLE ONE) DAY OVERNIGHT

NEED TO BE MET:

- Attention Deficit Disorder
- Grant Writing
- Students at Risk
- Main-streaming Special Needs Students
- Multi-cultural Education
- Blood Borne Pathogens
- Motivation of Students
- Hands on Learning Techniques
- Computer Literacy
- Academic Skills for Employability
- Outreach to Parents
- Other

COMMENTS: (if any)

**For site committee use only:**

SITE NAME \_\_\_\_\_ Please initial: \_\_\_\_\_

COMMITTEE CHAIR \_\_\_\_\_ COMMITTEE MEMBERS \_\_\_\_\_

DATE GRANTED \_\_\_\_\_

DATE REFUSED \_\_\_\_\_ REASON \_\_\_\_\_

**For administrative approval only:**

DATE GRANTED \_\_\_\_\_

DATE REFUSED \_\_\_\_\_ REASON \_\_\_\_\_

Administrators (please initial): \_\_\_\_\_