

Date of Application: \_\_\_\_\_

## Professional Development Participation Proposal Form

### Pleasant Ridge School District

Staff Member(s) Requesting PD: \_\_\_\_\_

\_\_\_\_\_

Grade Level/Subject Area: \_\_\_\_\_

Title of Professional Development: \_\_\_\_\_ (attach flyer/documentation/purchase requisition)

Date(s) and location: \_\_\_\_\_

Type of Professional Development (check one):

Overnight Conference       One Day Workshop       Other (please describe below)

\_\_\_\_\_

\_\_\_\_\_

Expenses involved (include approximate costs per person for all applicable areas below):

\$\_\_\_\_\_ Mileage/Ground Transportation      \$\_\_\_\_\_ Meals      \$\_\_\_\_\_ Hotel

\$\_\_\_\_\_ Registration Fees\*      \$\_\_\_\_\_ Airfare

\$\_\_\_\_\_ Release Time/Substitute Costs      \$\_\_\_\_\_ Parking

\*Check one:  You need Justine to register/pay online;  You will register yourself/request reimbursement

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Total approximate cost per person      \$\_\_\_\_\_

Number of persons      x      \_\_\_\_\_

Total approximate cost of PD      \$\_\_\_\_\_

If an alternative funding source will be used, please list the account and percentage/item(s) it will cover: \_\_\_\_\_

Rationale for proposal-Please explain how the PD relates to our LCAP goals:

\_\_\_\_\_

\_\_\_\_\_

(Continued on back)

If approved, you will be asked to present what you've learned to others. Please check the venue(s) in which you are willing to do so:

Districtwide meeting(s)                       Department/Grade level meeting(s)

Faculty meeting(s)                               Collaborative meeting(s)

Other (please explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you plan to assess the applicability, viability, and effectiveness of this professional development?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Administrator Signature \_\_\_\_\_

Approved

Not approved – contact administrator for explanation

For Office Use Only
Administrator assigned for follow-up:
Bivens                      Montero                      Pless
Date of scheduled presentation to staff: _____
Location and time of presentation: _____
Intended audience: _____
Superintendent Signature: _____

Copy to Principal

Copy to Purchasing

Copy to Applicant