



# Professional Development Workshop Proposal

Staff Member: \_\_\_\_\_

Date: \_\_\_\_\_

School Site: \_\_\_\_\_

Ext: \_\_\_\_\_

Proposed Topic: \_\_\_\_\_

How does this benefit faculty and/or staff: \_\_\_\_\_

(If more room is needed attach a separate page)

What mission statement are you addressing: \_\_\_\_\_

(If more room is needed attach a separate page)

**Please return this form to Tammy Pires, District Office.**

Office use only

Reviewed by Staff Development Committee: \_\_\_\_\_

Approved on: \_\_\_\_\_

Committee Feedback: \_\_\_\_\_

Presentation needs: \_\_\_\_\_

Presentation Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

Stipend Amount: \$ \_\_\_\_\_

Stipend Approved on: \_\_\_\_\_

Account Code: \_\_\_\_\_

Administrator: \_\_\_\_\_

\_\_\_\_\_

Signature

Date