Staff Member(s) Requesting PD: ____________________________________________

Department/Subject Area: ________________________________________________

Title of Professional Development: ________________________________ (attach flyer/ documentation)

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
$_________ Registration Fees                  $_________ Airfare
$_________ Release Time/Substitute Costs     $_________ Parking
$_________ Hotel

Total approximate cost per person $_________

Number of persons X ______

Total approximate cost of PD = $_________

If an alternative funding source (other than site Title II) 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 Viking Learner Outcomes

(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)
- Faculty meeting(s)
- Collaborative meeting(s)
- Other (please explain)

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

Department Chair Signature

Administrator Signature

----- Approved
----- Not approved – contact administrator for explanation

For Office Use Only

Administrator assigned for follow up:

Shepherd  Whittaker  Spaggiari  Holen

Date of scheduled presentation to staff:

Location and time of presentation:

Intended audience:

----- Copy to Principal / Asst. Principal
----- Copy to Office Manager
----- Copy to Department Chair
----- Copy to Applicant(s)