Professional Development Participation Application
Pleasant Valley High School

Date of application_____

- ❖ Staff Member(s) Requesting PD:_____
- ❖ Department/Subject Area:_____
- ❖ Title of Professional Development_____ **(attach flyer/registration info)**
- ❖ Date(s)_____Location_____
- ❖ Type of Professional Development (check one):

    _____Multi-day conference _____One day workshop _____Other (please describe below)

    _____

- ❖ Release time required: _____Yes ****_If yes must complete and attach Application for Release Time_**

    _____No
- ❖ Expenses involved **PER PERSON**:

    Include approximate costs and underline the funding source(s) for each of the areas below. If "Other" funding source, please specify (ex: dept. funds, grant, donations, etc.). Include account code if known.

Type of Expense	Amount	Account Code to Charge
Mileage *(approx. $0.55/mi.)* **Ground Transportation**		Title II / Other (list):
Registration Fees		Title II / Other (list):
Release Time/Sub Cost *$107 full day, $64 half day*		Title II / Other (list):
Hotel		Title II / Other (list):
Meals *$40 / day*		Title II / Other (list):
Airfare		Title II / Other (list):
Parking		Title II / Other (list):
Work Day Stipend *$100/4 hours*		Title II / Other (list):

Total approximate cost **PER PERSON** $_____

Number of persons X _____

Total approximate cost of PD = $_____

(Continued on back)

❖ Rationale for proposal – Please explain how the PD relates to our Viking Learner Outcomes

_____

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 meeting(s)
_____Faculty meeting(s)	_____Department collaboration(s)
_____Viking Collaboration(s)	_____District after school workshop offerings
_____Other (please explain)_____	

❖ How do you plan to assess the applicability, viability, and effectiveness of this professional development?
[i.e. How will your adult learning experience impact student learning? What evidence do you plan to collect to demonstrate the impact?]

_____

Department Chair Signature_____

Administrator Signature_____

_____ Approved

_____ Not approved – contact administrator for explanation