

PROFESSIONAL DEVELOPMENT REQUEST

STAFF MEMBER NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

WORKSHOP/TRAINING: \_\_\_\_\_

LOCATION: \_\_\_\_\_

DATE/TIME(S): \_\_\_\_\_

NOTE: ALL PROFESSIONAL DEVELOPMENT PAID THROUGH BUTTE FALLS CHARTER SCHOOL MUST BE PRE-APPROVED BY THE PROFESSIONAL DEVELOPMENT COMMITTEE.

STAFF RECEIVING PROFESSIONAL DEVELOPMENT MUST PROVIDE SOME FORM OF PRESENTATION EITHER THROUGH A LIVE PRESENTATION, WEB-SITE PRESENTATION OR OTHER MEANS APPROVED BY THE PROFESSIONAL DEVELOPMENT COMMITTEE.

Briefly state how this workshop/training will help the district in its goals. (see other side) How will you present it?

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

Briefly state how this workshop/training will address your professional learning goals, and/or benefit you in your professional area.

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

Registration Cost: \_\_\_\_\_ Lodging Cost: \_\_\_\_\_ Sub Cost: \_\_\_\_\_

Meals Cost: \_\_\_\_\_ Mileage Cost: \_\_\_\_\_ Stipends: \_\_\_\_\_

Sub Cost: \_\_\_\_\_ Other: \_\_\_\_\_

Approved by Professional Development Committee

Member Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Member Approval: \_\_\_\_\_ Date: \_\_\_\_\_