



Tier II Professional Development Approval Form (Non-District Sponsored Professional Development Opportunities)

Teacher Name _____

Approval requested for the following professional development opportunity:

Title: _____

Description: _____

Location: _____

Date & Time: _____ Number of hours: _____

Approved by Director of Curr. _____ Date: _____

(form will then be returned to teacher)

After attending the professional development, complete the sections below and return to Curriculum office to have the hours recorded.

Summary of Content Presented: _____

Reflection on what was learned: _____
