

# Ashford School Professional Development Request (Part 1 of 2)

**Instructions:** All staff and administration will use this request form for any professional development activity. All employees should understand that any professional development activity funded in the name of Ashford School (General Budget or Grant) requires that the attendee/applicant in some way share newly acquired or enhanced expertise with their colleagues. Please email this form or hand in to the appropriate administrator for approval.

**Applicant's Name:**

**Position:**

**Type of Professional Development Activity:**

Initiated by Administration, Contractual Request, CSDE, Grant

**Name of Grant if applicable**

**Activity:**

\*If Other, please explain

Workshop

School/Classroom Visit

Other\*

**Host Organization and Activity Location:**

**Date of Activity:**

**Professional Development Activity Rationale:** (Describe the professional development activity and how it is aligned to your Professional Growth Goal and/or School Goals. Be specific, this will be the rationale for attendance):

**Expenses:**(Approval is required in advance. N/A if not applicable):

Registration Fee: \$\_\_\_\_\_

Substitute

Travel Cost/Other: \_\_\_\_\_

Any other cost associated with approval of this activity: \_\_\_\_\_

**Requestor's Signature and Date**

**Administrator's Signature and Date**

**Approved?**

Yes

No

**Superintendent's Signature and Date**

**Approved?**

Yes

No

Business Office Use Only:

Budget Code for Reg Fee: \_\_\_\_\_

Budget Code for Sub: \_\_\_\_\_

PURCHASE ORDER# \_\_\_\_\_

# Ashford School Professional Development Request (Part 2 of 2)

Part 2 must be completed within 30 calendar days after attending the professional development activity

**Applicant's Name:**

**Position:**

**Recent Professional Development Activity:**

**When or how would you like to share your learning experience with your colleagues?**

Faculty Meeting

Professional Day

School Committee Meeting

Board of Education Meeting

Power Point Presentation

New Teacher Meeting

After School Workshop

**Please describe your plan to share what you learned from the professional development activity:**

**What resources will you need to provide this to the staff?**

**Requestor's Signature and Date:**

**Administrator's Signature and Date:**

**Approved?**

Yes

No

**Superintendent's Signature and Date:**

**Approved?**

Yes

No

**Administrative Comments (if any):**