

PROFESSIONAL DEVELOPMENT DIRECTIONS

Begin using July 1, 2019

Complete the reason for attendance. Please use blue or black ink on all forms. (Page 2)

Fill out the *Request Form* including your principal's signature. (Page 3) **Requests must be pre-approved by the committee and teachers MUST NOT register until contacted by the Assistant to the Assistant Superintendent . Out of state travel must be pre-approved by the Superintendent before submitting to the approval committee.**

Instructor requesting funds will scan the *Reason for Attendance form, Professional Development Request Form*, the activity registration form, workshop advertisement/description and Mapquest documentation. Workshop paperwork should be completed prior to submitting for accuracy of registration by the CIA office.

Instructor requesting funds will email all scanned items to all members of the approval committee.

2019-2020 Approval Committee

Erin Gaebe	Ann Maerli
Philip King	Ilesha Maloney
Monica Hiatt	Judy Straatmann
Chris Marquart	

The approval committee will review the request for funds. Decisions are based on building goals and if the professional development can be provided "in-district."

Complete the follow-up form within one week of workshop date and send to Erin Gaebe at BOE. (Page 4)

SDOW ALLOWABLE EXPENSES:

- ~ Conference/workshop registration fees.
- ~ Mileage will be reimbursed at \$.50 per mile.
Carpooling is strongly recommended. Be sure to include your total miles both to and from the conference. Documentation of miles is needed.
- ~ Lodging when overnight stay is necessary.
- ~ Substitute teacher costs (if required) at \$95/day.
- ~ Total per teacher per workshop not to exceed \$500/year.

SDOW NON-ALLOWABLE EXPENSES:

- ~ College tuition or Continuing Education fees and related expenses.
- ~ Membership fees for professional organizations.
- ~ Activities associated with extracurricular assignment.
- ~ Food & Incidentals

Reason for Attendance

How will participation in this professional activity benefit student achievement and teacher effectiveness? This information must relate to the implementation of your building's goals. Include specifically which building goal this workshop or conference will address.

BUILDING or DISTRICT GOAL:

HOW WILL THIS ACTIVITY BENEFIT STUDENT ACHIEVEMENT RELATED TO THE GOAL?

PERSON REQUESTING: _____

SCHOOL REQUESTING: _____

CONFERENCE/WORKSHOP TITLE: _____

DATE REQUEST WAS SUBMITTED: _____

PROFESSIONAL DEVELOPMENT REQUEST FORM

SHOULD BE SUBMITTED AT LEAST TWO WEEKS PRIOR TO THE ACTIVITY. INCOMPLETE FORMS COULD RESULT IN MISSING THE REQUESTED WORKSHOP.

PERSON REQUESTING: _____

SCHOOL REQUESTING: _____

CONFERENCE/WORKSHOP TITLE: _____

LOCATION: _____

DATES: _____

REGISTRATION FEE: _____

COMPLETED REGISTRATION FORM INCLUDED: _____

ROUNDTRIP MILES: _____

(Current rate 50 cents per mile): \$ _____

DOCUMENTATION OF MILEAGE INCLUDED: _____

LODGING: YES OR NO

ROOM FEE + taxes: \$ _____ (Per night)

TOTAL ROOM COSTS: \$ _____

Hotel Name: _____

Hotel Phone #: _____

Check-in Date: _____

Check-Out Date: _____

SUBSTITUTE (\$95/DAY): _____

SUBSTITUTE NEEDED YES OR NO
(please circle)

REQUESTED TOTAL COST: \$ _____ (NOT TO EXCEED \$500)

(Includes registration, mileage, lodging, substitute)

IF THE REQUESTED AMOUNT IS OVER THE ALLOWABLE \$500, HOW WILL OVERAGES BE PAID? _____

Note: Expenses not listed on this form will not guarantee payment with PD funds. All expenses must be pre-approved on this form. Principal signature does not indicate approval.

Out of State Travel request form

http://www.washington.k12.mo.us/UserFiles/Servers/Server_163438/File/Deapartment/3214684301828182135.pdf

Completed by CIA Office:
Approval Committee:
Judy _____ Ann _____ Erin _____ Phillip _____ Iesha _____
Ann _____ Approved <input type="checkbox"/>
Unapproved <input type="checkbox"/> Reason: _____

(Signature of Approval Committee Member)
Registration PO#: _____
Mileage PO#: _____
Hotel PO#: _____
Hotel Confirmation: _____
Payroll Dept Notified –Substitute: _____
APPROVED TOTAL COST: \$ _____

Principal's Signature

PROFESSIONAL DEVELOPMENT FOLLOW-UP FORM

(If you received Professional Development funds from your building level fund, you must complete a follow-up form and return it to the CIA Office at BOE.)

NAME: _____ BUILDING: _____

ACTIVITY ATTENDED: _____

DATE(S) ATTENDED: _____ LOCATION OF EVENT: _____

Final Expenditure Amount: _____

(Please include all registration fees, lodging, meals, transportation, and substitute funds (\$95/day) that you submitted to your building PDC committee.)

To which Professional Development Goal or Initiative per the Needs Assessment/Professional Development Enrichment Plan does this apply? Please check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> KNOWLEDGE LEVELS | <input type="checkbox"/> FLEXIBLE SEATING AND LEARNING |
| <input type="checkbox"/> ESSENTIAL LEARNER OUTCOMES (OUTS) | <input type="checkbox"/> GRADING PRACTICES |
| <input type="checkbox"/> SUMMATIVE ASSESSMENTS | <input type="checkbox"/> HOMEWORK PRACTICES |
| <input type="checkbox"/> DATA ANALYSIS | <input type="checkbox"/> MICROTEACHING |
| <input type="checkbox"/> COMMON SCORING PRACTICES | <input type="checkbox"/> RESTORATIVE PRACTICES |
| <input type="checkbox"/> FEEDBACK | <input type="checkbox"/> POVERTY AWARENESS |
| <input type="checkbox"/> STUDENT PROGRESS MONITORING | <input type="checkbox"/> TRAUMA INFORMED |
| <input type="checkbox"/> RESEARCH BASED INSTRUCTIONAL STRATEGIES | <input type="checkbox"/> SAFETY |
| <input type="checkbox"/> DEVELOPING CURRICULUM UNITS/LESSON DESIGN | <input type="checkbox"/> HIGHER LEVEL QUESTIONING |
| <input type="checkbox"/> DIFFERENTIATING INSTRUCTION | <input type="checkbox"/> GROWTH MINDSET |
| <input type="checkbox"/> BEHAVIOR MANAGEMENT | <input type="checkbox"/> CO-TEACHING |
| <input type="checkbox"/> PROJECT BASED LEARNING TRAINING | <input type="checkbox"/> INNOVATION |
| <input type="checkbox"/> CAREER AWARENESS | <input type="checkbox"/> COMPETENCY BASED LEARNING |
| <input type="checkbox"/> CUSTOMIZED FORMATIVE ASSESSMENTS | <input type="checkbox"/> DIFFERENTIATION OF INSTRUCTION AND CLASSROOM MANAGEMENT |
| <input type="checkbox"/> STUDENT GOAL SETTING | <input type="checkbox"/> PERSONALIZING TECHNIQUES |
| <input type="checkbox"/> STUDENT LED CONFERENCES AND PORTFOLIOS | <input type="checkbox"/> ADVISORY STRUCTURES WITH EFFECTIVE RELATIONSHIP DEVELOPMENT |
| <input type="checkbox"/> DECREASING DROP-OUT | <input type="checkbox"/> STRATEGIES OF ENGAGEMENT |
| | <input type="checkbox"/> LESSON PLANNING IN BLOCK SCHEDULE |

PROFESSIONAL DEVELOPMENT FOLLOW-UP FORM

Page 2

How did this professional development activity relate to the implementation of the district’s goals, your building or program goals, or your own professional enrichment goals?

How and when do you plan to share the new ideas/information from this workshop with your colleagues?

How would you rank the overall effectiveness of this workshop?

Extremely ineffective 1 2 3 4 5 *Extremely effective*

Explain how attending this workshop benefits your students.