

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. 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: _____ Other Cost: _____

Meals Cost: _____ Mileage Cost: _____

Approved by Professional Development Committee

Member Approval: _____ Date: _____

Member Approval: _____ Date: _____