

PROFESSIONAL DEVELOPMENT REQUEST

Name _____ Date _____

School _____ Program Area _____

Conference Title _____

Conference/Workshop date _____ Conference Location _____

(Please attach conference/workshop agenda)

Requested expenses:	
Registration	_____
Travel/Mileage	_____
Lodging	_____
Sub (\$60/day)	_____
TOTAL AMOUNT REQUESTED	_____

Office use only:	
Fund source:	_____
Objective:	_____
Approve _____	Disapprove _____
_____, Director	
Date	_____

In the following space explain how this meeting will improve the program for your students, the benefits of the program, and any other information you believe would assist us in determining the desirability of the program.