

# WILLOWS UNIFIED SCHOOL DISTRICT

## Professional Development Request Form

*\*Attach all conference/event information before submitting.*

### PERSONAL INFORMATION

|                               |  |       |
|-------------------------------|--|-------|
| Name:                         |  | Date: |
| School / Department:          |  |       |
| Position (Cert / Classified): |  | Site: |

### PROFESSIONAL DEVELOPMENT DETAILS

|                                                                                                                                                                                                                                                                               |                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| Title of PD / Event:                                                                                                                                                                                                                                                          |                 |
| Provider / Organization:                                                                                                                                                                                                                                                      |                 |
| Location:                                                                                                                                                                                                                                                                     | Dates of Event: |
|                                                                                                                                                                                                                                                                               |                 |
| Estimated Costs — attach receipts/invoices when available                                                                                                                                                                                                                     |                 |
| Total Costs: _____                                                                                                                                                                                                                                                            |                 |
| Registration: \$ _____ Sub: \$ _____ Mileage: \$ _____ Lodging: \$ _____ Meals: \$ _____ Flight: \$ _____<br>Baggage Fees: \$ _____ Parking: \$ _____ Other: \$ _____ TOTAL: \$ _____<br>District Vehicle Needed: Yes / No                      Substitute Required: Yes / No |                 |

### PURPOSE & ALIGNMENT

|                                                                                          |
|------------------------------------------------------------------------------------------|
| Purpose of this professional development:<br><br>_____<br>_____<br>_____                 |
| How does this align with school/district goals?<br><br>_____<br>_____<br>_____           |
| How will this improve your practice and benefit students?<br><br>_____<br>_____<br>_____ |

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Received: \_\_\_\_\_ Date: \_\_\_\_\_

## FUNDING SOURCE

Does this request fall under one of the following? Check all that apply:

- ☐ CTE Funds ☐ ELOP Funds ☐ ELD Professional Development ☐ Aeries Training  
☐ School Counselor PD ☐ Community Schools Funds ☐ Arts & Music ☐ ASB ☐ Vocational Ag  
☐ NONE — charge to Site PD Pot

If a separate fund is checked, Site Secretary will connect with the DO — do NOT process through the site PD pot.

## SITE SECRETARY — BUDGET REVIEW (Complete before routing to principal. Consider all pending approved PD that has not yet been entered into Escape.)

Current Site PD Pot Balance: \$ \_\_\_\_\_

Estimated cost of this request: \$ \_\_\_\_\_

Balance remaining if approved: \$ \_\_\_\_\_

- ☐ Sufficient funds available ☐ Funds insufficient — notify principal before routing

Secretary Initials: \_\_\_\_\_ Date: \_\_\_\_\_

## PRINCIPAL REVIEW CHECKLIST

Before signing, confirm:

- ☐ Sufficient site PD funds are available (verified with secretary)  
☐ Request aligns with school/district improvement goals  
☐ PD opportunity distribution considered — not disproportionately the same staff member  
☐ Substitute coverage plan is in place (if applicable)

Decision: ☐ **APPROVED** ☐ **DENIED**

If denied, reason: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## DISTRICT OFFICE — FOR OFFICIAL USE ONLY

Director of C.I. & A. Decision: ☐ **APPROVED** ☐ **DENIED** Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Business Decision: ☐ **APPROVED** ☐ **DENIED** Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Funding Source Verified: ☐ PO #: \_\_\_\_\_ Date Received: \_\_\_\_\_

Comments: \_\_\_\_\_

District will arrange logistics: ☐ **Yes** ☐ **No**

## WILLOWS UNIFIED SCHOOL DISTRICT

### Professional Development — Post-PD Report

*Complete within two weeks of PD completion and submit to your site principal.*

|              |  |             |
|--------------|--|-------------|
| Staff Name:  |  | Date of PD: |
| Title of PD: |  |             |

#### Summary of Professional Development Experience:

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#### How will you implement what you learned? What is your action plan?

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#### Additional comments or recommendations:

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