

Professional Development Participation Application Pleasant Valley High School

Date of application_____

- ❖ Staff Member(s) Requesting PD:_____
- ❖ Department/Subject Area:_____
- ❖ Title of Professional Development_____ **(attach flyer/registration info)**
- ❖ Date(s)_____ Location_____
- ❖ Type of Professional Development (check one):
 _____Multi-day conference _____One day workshop _____Other (please describe below)

- ❖ Release time required: _____Yes ****If yes must complete and attach Application for Release Time**
 _____No

- ❖ Expenses involved **PER PERSON**:

Include approximate costs and circle the funding source(s) for each of the areas below. If "Other" funding source, please specify (ex: dept. funds, grant, donations, etc.). Include account code if known.

Type of Expense	Amount	Account Code to Charge
Mileage (approx. \$0.55/mi.) Ground Transportation		Title II / Other (list):
Registration Fees		Title II / Other (list):
Release Time/Sub Cost \$107 full day, \$64 half day		Title II / Other (list):
Hotel		Title II / Other (list):
Meals \$40 / day		Title II / Other (list):
Airfare		Title II / Other (list):
Parking		Title II / Other (list):
Work Day Stipend \$100/4 hours		Title II / Other (list):

Total approximate cost **PER PERSON** \$_____

Number of persons X _____

Total approximate cost of PD = \$_____

(Continued on back)

❖ Rationale for proposal – Please explain how the PD relates to our Viking Learner Outcomes

If approved, you will be asked to present what you've learned to others. Please check the venue(s) in which you are willing to do so:

_____ Districtwide meeting(s)

_____ Department meeting(s)

_____ Faculty meeting(s)

_____ Department collaboration(s)

_____ Viking Collaboration(s)

_____ District after school workshop offerings

_____ Other (please explain)_____

❖ How do you plan to assess the applicability, viability, and effectiveness of this professional development?
[i.e. How will your adult learning experience impact student learning? What evidence do you plan to collect to demonstrate the impact?]

Department Chair Signature_____

Administrator Signature_____

_____ Approved

_____ Not approved – contact administrator for explanation

For Office Use Only

_____ *Initial date for follow up on Holen's calendar*

*Date of scheduled presentation to staff:*_____

*Location and time of presentation:*_____

*Intended audience*_____

_____ Copy to Holen for follow up

_____ Copy to Office Manager

_____ Copy to Applicant(s)