

# FLLAC Educational Collaborative

## *Professional Development Participation Request*

(to be filled out by staff member a minimum of two weeks prior to attendance at event)

Name \_\_\_\_\_ Date \_\_\_\_\_

Program \_\_\_\_\_

Request to attend:

\_\_\_\_ One Day Seminar, Workshop  
\_\_\_\_ Professional Visitation  
\_\_\_\_ Summer Institute

\_\_\_\_ Educational Conference  
\_\_\_\_ Meeting of Professional Organization  
\_\_\_\_ Other (explain) \_\_\_\_\_

Topic: \_\_\_\_\_ Date \_\_\_\_\_ Location \_\_\_\_\_

Cost: School Funding Requested ( )Yes ( )No Registration \$ \_\_\_\_\_

Description and Rationale of Request for Attendance (attach any pertinent information about activity):

Check of any of our district goals listed below that was furthered by this presentation:

Growth of Teacher's Knowledge of Subject Matter, Standards-Based Curriculum, Instruction & Assessment	<input type="checkbox"/>	Enhancement of Inclusion	<input type="checkbox"/>
Middle School Initiative <input type="checkbox"/>	Integration of Technology	<input type="checkbox"/>	Literacy and/or Numeracy <input type="checkbox"/>
Best Practices <input type="checkbox"/>	Organizing for Better Learning & Teaching	<input type="checkbox"/>	Diverse Learning Styles <input type="checkbox"/>

Through your attendance at the above professional development event you agree to share/present information acquired. This may include workshops, presentations, or other scheduled in-service events. You will also be asked to provide a brief summary of this event and information for our professional development files.

Staff Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

School Administrator's Signature (if approved): \_\_\_\_\_ Date \_\_\_\_\_

Central Office Signature (if approved): \_\_\_\_\_ Date \_\_\_\_\_

Budgetary Signature (if approved): \_\_\_\_\_ Date \_\_\_\_\_