

CLINTON CITY SCHOOL PROFESSIONAL DEVELOPMENT REQUEST FORM

Date/s of Professional Development _____

Please list all participants who are requesting to attend?

Title of Professional Development _____

Professional Development Location _____

How does this workshop align with the School Improvement Plan/Title 1 Plan?

Funding Requested- List other possible funding sources (example: Booster Clubs, scholarships)

| Expense | Estimated Amount Requested |
|---------|----------------------------|
|---------|----------------------------|

| | |
|----------------|--|
| Registration | |
| Lodging | |
| Food | |
| Transportation | |
| Substitute | |

Teacher Signature _____

Date _____

Principal/Supervisor Signature _____

Date _____

● Approved Signature _____

Date _____

● Disapproved Signature _____

Date _____