

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
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Registration	
Lodging	
Food	
Transportation	
Substitute	

Teacher Signature _____

Date _____

Principal/Supervisor Signature _____

Date _____

• Approved Signature _____

Date _____

• Disapproved Signature _____

Date _____