

LAKWOOD SCHOOL DISTRICT #306

**PROFESSIONAL DEVELOPMENT REQUEST
PSE**

GENERAL INFORMATION

Date of Request _____ Date of Workshop _____

Name _____

Name of workshop/conference _____

Location of workshop/conference _____

Purpose of workshop/conference and how it would apply to your professional development (attach a copy of workshop/conference agenda) _____

How do you plan to share, with other unit members, the experience(s) gained from this professional development opportunity? (i.e. narrative report, etc.) _____

ESTIMATED COSTS

1) Registration \$ _____

2) Mileage/travel \$ _____

3) Substitute \$ _____

Total Estimated Costs \$ _____

APPROVAL

Supervisor

Date

Professional Development Review Committee

Date

Superintendent (when applicable)

Date