

GLADES COUNTY SCHOOL DISTRICT
Prior Approval for Professional Development

Date of Application _____

Name _____

School/Department: _____ Position: _____

Conference/Workshop Title: _____

Conference/Workshop Location: _____

Beginning and Ending Date(s): _____ Start/End Time(s): _____

COMPLETE EXPENSE ESTIMATES AND ATTACH REGISTRATION FORM AND HOTEL INFORMATION.

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| <p>PLEASE COMPLETE: Expense Estimates: Registration _____ (Attach Form) Lodging _____ (Attach Hotel Info) Meals _____ (B=\$6 L=\$11 D=\$19)</p> |
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Total \$ _____

Proposed Activities (Attach documentation):

IPPDP Goal(s) to be addressed through this professional development activity:

Participant Signature

Date

Site Administrator Signature

Date

FOR DISTRICT OFFICE USE ONLY

Funding Source: _____ District _____ Title I _____ Title II _____ Other

_____ Date Reviewed _____ Approved _____ Not Approved

Signature of Administrator/Coordinator