

# Alternate Professional Development Request Form

This form is to be used for requesting permission to attend alternate professional development sessions in lieu of scheduled in-district PD days.

<b>Name:</b> _____		<b>Position:</b> _____			
<b>School:</b>	ECC	AES	CCMS	CCHS	Foothills Academy
<b>Name of PD Activity:</b> _____					
<b>Location of PD Activity:</b> _____			<b>Hours of PD Activity:</b> _____		
<b>PD Activity will be attended as an alternate to the following in-district PD day(s):</b> _____					

Please complete this form and submit to your principal. He/she will sign the request form, if the alternate PD is an approvable professional development activity, and forward to Instructional Supervisor / Assistant Superintendent Paula Little. Sign your name, school, and date for which alternate PD is substituted on the documentation of the PD activity. (Examples of documentation: copy of registration form, copy of agenda or certificate of attendance). Submit documentation of the alternate PD activity to Paula Little.

**Check the PD areas that pertain to this workshop:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Content (K-12)           | <input type="checkbox"/> Mentoring / Coaching                          | <input type="checkbox"/> Building a Collaborative Learning Community |
| <input type="checkbox"/> Supervision              | <input type="checkbox"/> Standards, Frameworks, & Curriculum Alignment | <input type="checkbox"/> Systemic Change Process                     |
| <input type="checkbox"/> Educational Technology   | <input type="checkbox"/> Principals of Learning / Developmental Stages | <input type="checkbox"/> Parental Involvement                        |
| <input type="checkbox"/> Assessment               | <input type="checkbox"/> Cognitive Research                            | <input type="checkbox"/> Other _____                                 |
| <input type="checkbox"/> Advocacy/Leadership      |  | _____  |
| <input type="checkbox"/> Instructional Strategies |  |  |

How will this PD activity help you increase your students' academic performance?

\_\_\_\_\_

\_\_\_\_\_

How is this activity linked to your Comprehensive School Improvement Plan (CSIP), common core standards, or research-based best teaching practice?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Principal Signature and Date of Approval*

\_\_\_\_\_  
*Instructional Supervisor / Assistant Superintendent  
Signature and Date of Approval*