

CANBY PUBLIC SCHOOLS STAFF DEVELOPMENT REQUEST FORM

Updated: October 1, 2022

NAME OF REQUESTER _____ DATE _____

Which Staff Development Goals are being addressed? Check all that apply.

Local Goals:

____ Focus on Students' Academic Achievement
____ Technology Use & Integration
____ Specific Subject/Curricular
____ Continuing Education Requirements
____ CPR/AED Training

State Goals:

____ All students will be ready for kindergarten.
____ All students in third grade achieving grade-level literacy
____ Closing the achievement gap
____ All students career and college ready by graduation
____ All students graduate

Type of Training _____

Location _____ Dates _____

This form should be submitted to the building administrator at least **one month** (or as soon as possible) in advance of the proposed training/experience. Attach any information that would help explain in more detail the proposed training/experience.

Approximate District Expense:

Registration Fee (District Office will pay all registration fees. Please have the school invoiced or allow enough time for a check to be processed by the District Office.) = _____

Number of hours of staff dev. pay _____ x \$22 per hour (max of 6 hrs/day) = _____

Number of days of substitute staff _____ x \$150 per day = _____

School Vehicle _____ (or) Personal Vehicle _____ Approx. miles _____ x \$0.62 per mile = _____

Place of Lodging _____ Number of Nights _____ x cost/day = _____

(Lodging arrangements are the responsibility of the staff member attending the training.)

Meal Cost (\$50 maximum per day, \$60 Metro area maximum per day) = _____

(Detailed meal receipts must be turned in to district office for reimbursement of meal expenses.)

GRAND TOTAL = _____

NOTES: It is assumed that all staff members will register for their own trainings but the school district will pay the fees. **If you need the District Office to register for you, please contact Lorie Hoffman directly with all registration information.**

This experience cannot be used for lane change if costs are reimbursed or paid by the school district.

Agreed to by Employee (Signature Required) _____

Employee's Signature

Date

SUBMIT TO BUILDING PRINCIPAL FOR REVIEW

Review of Request (to be completed by Building Administrator and Superintendent)

Approved _____ Denied _____ Comments: _____

Funding Source: (to be completed by Building Principal)

ELEM Site _____ HS Site _____ Districtwide _____ Title I _____ Special Education _____

Teacher Development & Evaluation _____

Administrator's Signature

Date

Superintendent's Signature

Date

A COPY OF THIS FORM WILL BE SHARED WITH THE STAFF DEVELOPMENT COMMITTEE

Post-Experience Reflection -- National standards state you share what you have learned.
Choose at least one of the following ways to share.

| Type of Sharing | Current and/or Future Date |
|--------------------------|----------------------------|
| _____ Staff Meeting | _____ |
| _____ Team Meeting | _____ |
| _____ Department Meeting | _____ |
| _____ School Bd. Meeting | _____ |
| _____ Peer Reviewer | _____ |
| _____ Teaching Colleague | _____ |
| _____ Other | _____ |

| | Strongly Disagree | Disagree | Agree | Strongly Agree |
|--|-------------------|----------|-------|----------------|
| Level 1 Participants' Reaction/Awareness | | | | |
| Was it worthwhile | 1 | 2 | 3 | 4 |
| Level 2 Participants' Learning | | | | |
| Did you learn the content of the activity? | 1 | 2 | 3 | 4 |
| Level 3 Organization support and Learning | | | | |
| Are you supported at the site level with the following? | | | | |
| Resources | 1 | 2 | 3 | 4 |
| Culture of openness and risk taking | 1 | 2 | 3 | 4 |
| Administration support | 1 | 2 | 3 | 4 |
| Collegial support | 1 | 2 | 3 | 4 |
| Recognition of Success | 1 | 2 | 3 | 4 |
| Provisions of time | 1 | 2 | 3 | 4 |
| Level 4 Participants' use of new knowledge and skills | | | | |
| Will you incorporate the new learning in your teaching or other practice? | 1 | 2 | 3 | 4 |
| Are you able to see the learning in your teaching or other practice? | 1 | 2 | 3 | 4 |
| Level 5 Student Learning Outcomes | | | | |
| How will your learning a new skill impact our students learning & achievement? | | | | |

After experience has been completed, please enter actual costs to be paid under the staff development plan and submit verification of completion to the Building Principal and District Office.

NOTE: This form must be re-submitted to the District Office in order to receive reimbursement.

ACTUAL REIMBURSEABLE COSTS:

Number of hours of staff dev. pay _____ x _____ \$22 per hour (max of 6 hrs/day) = _____

Personal Vehicle Approx. miles _____ x \$0.62 per mile = _____

Lodging Expenses. **Please attach receipts.** = _____

Meal Costs (\$50 max per day, \$60 METRO max per Day). **Please attach receipts.** = _____

GRAND TOTAL = _____

FOR OFFICE USE ONLY

DATE RECEIVED BY DISTRICT OFFICE: _____

DATE PAYROLL PAID: _____