



Fremont County School District #38 Professional Development Request Form

Staff Name: _____ Position/Title: _____

Conference/Training/Course Title: _____ Location: _____

Date of Training: _____ Departing Date: _____ Return Date: _____

Using School Vehicle? ☐ Yes ☐ No Day Trip? ☐ Yes ☐ No Out-of-State Travel? ☐ Yes ☐ No
Flying? Yes No

The following documents must be attached with this form for consideration and to be processed:

- ☐ Justification Letter required for **out-of-state travel**: (Include the following items.)
1. Purpose
 2. Benefits to your position
 3. How you will utilize or implement the conference materials to help other staff members and students.
- ☐ Conference agenda
- ☐ Conference flyer and/or information
- ☐ Registration information

Which of these objectives/indicators does this Professional Development request address? Check all that apply.

- ☐ This professional development activity is required. Administrator signature _____
- ☐ This professional development activity provides training related directly to the school improvement goals.
Please indicate which goal(s):
- ☐ Students demonstrate growth on state or national tests in reading, writing, and mathematics
 - ☐ Decrease suspension and expulsion rates through the support of students' social emotional learning
 - ☐ Students demonstrate growth in their knowledge of the Arapaho language.
 - ☐ Students engage in activities designed to expose them to other cultures around the world.
 - ☐ Increase in the areas of parent involvement and communication.
- ☐ This professional development activity is directly related to improved classroom instruction.
- ☐ This professional development activity is aligned to Wyoming content and performance standards.
- ☐ This professional development activity is directly related to Proficiency Scales/CFA's/GVC.
- ☐ This professional development activity is an intensive and sustained effort.
- ☐ This professional development activity is for staff who work with disadvantaged populations.
(i.e. Title I, Special Education, At-Risk Youth, etc.)
- ☐ This professional development activity provides training directly related to my professional goals.
- ☐ This professional development activity provides training related to technology integration.

Expenses may be approved in part or entirely. I understand that the purpose of professional development is to improve the service to the students in Fremont County School District #38. I also understand that payment for reimbursable expenses will not be made until original receipts and requisitions have been submitted. **All signatures must be obtained before PD will be processed.**

Employee Signature _____ Date _____

Supervisor's Approval _____ Date _____

Curriculum Dir. Approval _____ Date _____

Business Manager's Approval _____ Date _____

Superintendent Approval _____ Date _____

For office use only

COA Funding Source _____