

**REGIONAL SCHOOL DISTRICT NO. 14 – BETHLEHEM AND WOODBURY, CT
PROFESSIONAL DEVELOPMENT REQUEST**

CATEGORY: (Check One)

_____ Administrator
_____ Teacher
_____ Other _____

SCHOOL: (Check One)

_____ BES
_____ MES
_____ Other _____

_____ WMS
_____ NHS

Name: _____

Date: _____

Name and address of conference/activity - (attach copy of registration form and conference information)

Date(s) of Conference/Activity _____ No. of Days Requested _____

RATIONALE (Based on District/Building/Professional Goals) Include any data used to identify this need:

Indicate anticipated improvement in student learning and method of assessment:

Registration Requirements:

Will register myself Request to be registered by district Cost of Registration \$ _____

Estimate of other reimbursable expenses:

Travel (miles _____) _____

Lodging _____

Meals _____

Other (itemize) _____

Total Estimated Expenses (encumbered) \$ _____

Request payment to be made by: self department school district

Applicant's Signature _____ Date _____

Supervisor Action

Approved: Day Payment Disapproved (provide reasons on a separate attachment)

Signature of Supervisor: _____ Date: _____

Central Office Action

Approved: Day Payment Disapproved (provide reasons and attach) Date: _____

Posted by: _____

*Signature of Superintendent or Director of Curriculum & Instruction

***INSTRUCTIONS:** Submit form to your immediate supervisor for initial approval before subsequent approval by the Superintendent or Director of Curriculum & Instruction.