

WPS PROFESSIONAL DEVELOPMENT APPLICATION 2019-2020

All requests must be completed in full for consideration - Incomplete applications will NOT be processed.

Name of Applicant: _____ Unit A: _____ Unit B: _____ Date: _____

School: _____ Grade Level: _____ Content Area: _____ Other: _____

Contact Information: Phone Number: _____ School Email: _____

WORKSHOP/CONFERENCE INFORMATION

Title: _____

Address: _____

Start Date: _____ End Date: _____

Substitute Required: Yes: _____ No: _____ Number of Days: _____

Provide a brief description of the training including expected outcomes for students.

PD REIMBURSEMENT REQUESTS

Indicate the amount requested in each category. **PD Funds Requested**

Registration Costs _____

Mileage/Tolls _____

Lodging (Must be beyond 100 mile radius) _____

Supplies/Materials _____

Substitute Cost (Appx. \$85.00/day) _____

Other (please indicate) _____ Stipends _____

Total Amount of PD Funds Requested: _____

To Be Completed By Administrator Only
Grant Funded: Yes _____ No _____

Amount Funded: _____ **Grant Name:** _____

Please read and initial that you understand the following statements:

- ✓ **I understand that extra documentation may be required if amount requested is over \$1,000.00.**
- ✓ **I understand that any and all proposals must be submitted to the WPS Professional Development Committee in accordance with the Unit A & Unit B PD Application Schedule prior to participating in professional development.**
- ✓ **I understand this approval is contingent upon my willingness to provide future staff development for Westfield Public School District.**
- ✓ **I understand that I must not register or pre-pay any costs prior to approval.** Initial _____

Signature of Applicant (Required)

Date

Signature of Principal (Required)

Date

Comment: _____

For PD Committee Use Only: _____Approved _____Not Approved _____Incomplete _____Recorded
Funding Source: District: _____ Individual _____ Revised 7-16-18