



**PRE-APPROVAL REQUEST FORM: Professional Development**

REQUEST DATE: \_\_\_\_\_

NAME OF TEACHER: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

ACTIVITY TITLE: \_\_\_\_\_

**(ATTACH COURSE/PROGRAM DESCRIPTION)**

PROVIDER: \_\_\_\_\_ DATES: \_\_\_\_\_

LOCATION: \_\_\_\_\_ HOURS: \_\_\_\_\_

FUNDING SOURCE: \_\_\_\_\_

**(FUNDING SOURCE MUST BE IDENTIFIED PRIOR TO REGISTRATION)**

REASON FOR ATTENDING THIS PD ACTIVITY:

Recertification of teaching license: \_\_\_\_\_

Certification for an additional license: \_\_\_\_\_

Other \_\_\_\_\_

PROGRAM DESCRIBED IS: \_\_\_\_\_

PRINCIPAL: \_\_\_\_\_

APPROVED

NOT APPROVED (Reason)

ASSISTANT SUPERINTENDENT: \_\_\_\_\_

APPROVED

NOT APPROVED (Reason)

This form will be returned to the teacher after pre-approval has been granted by the Assistant Superintendent. It must be resubmitted to the Assistant Superintendent after course completion with the instructor's verification of attendance.

**CENTRAL OFFICE USE ONLY**

VERIFYING SIGNATURE: \_\_\_\_\_

NUMBER OF CREDITS AWARDED: \_\_\_\_\_

COMMENTS: (if any) \_\_\_\_\_

*A copy of this form will be sent to you when credits are awarded.*