



Beaverton Rural Schools Professional Development Request Procedure

Administrators and Superintendent must approve ALL professional development, which may include conferences, lodging, meals, and/or mileage.

Name:	
Date:	
Building:	Grade/Department:

INSTRUCTIONS: The person who completes each step in the process should record his or her initials & the date in the space provided. Then email the form to the next appropriate person.

30 DAYS PRIOR TO THE PD ACTIVITY		
Initials	Date	Steps for Professional Development Requests
<i>(teacher)</i>		The teacher requesting professional development completes the attached Professional Development Request Form (two pages). They save a copy for his or her records, and email an electronic copy of the form to the State & Federal Programs Coordinator. Filename = PD request form – Your Name
<i>(State & Federal Program Coordinator)</i>		The State & Federal Programs Coordinator is responsible for determining if the requested professional development is an allowable use of federal funds under <i>Title IX, Section 9101 (34) of ESEA</i> .* The State & Federal Programs Coordinator should write comments regarding the recommendation and email the form to the principal.
<i>(principal)</i>		The principal should write comments regarding his/her recommendation, identify the funding source and Account Number(s), and give the form to the Building Secretary.
<i>(Business Manager)</i>		The Business Manager assures final approvals from the Superintendent (within SDS if Purchase Order is initiated or by signature). He/She sends an approval packet to the teacher.

*The purpose of *Title II, Part A* is to increase the academic achievement of all students by helping schools and districts improve teacher and principal quality and ensure that all teachers are highly qualified. The planned PD activities must be aligned to the identified needs and goals of the school improvement plan. The PD must include activities that meet the criteria for scientifically based research [*ESEA, Section 9101(37)*].



Beaverton Rural Schools Professional Development Request Form

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Name:	
Date: <small>*Request must be submitted 30 days in advance</small>	
Building:	
Grade/Department:	
Title or description of the professional development opportunity. (attach a copy of conference brochure or announcement)	
Location (City, State):	Activity Site (Hotel, IDS, School, etc.):
Date(s):	Sponsoring Organization (if any): Are you a member? <input type="checkbox"/> Yes <input type="checkbox"/> No
Conference Start Time:	
Conference End Time:	
Total Contact Hours:	
What is your rationale for this request? (check all that apply) <input type="checkbox"/> Conference or activity will advance one or more of the goals in my building or the District's SIP. <input type="checkbox"/> Conference or activity will advance my Individual Development Plan (IDP). <input type="checkbox"/> Conference or activity is important due to new legislation or changes in my work assignment. <input type="checkbox"/> I have been asked to be a presenter/facilitator or I am a member of the sponsoring organization's executive or conference planning committee. <input type="checkbox"/> Conference or activity will provide an opportunity for a general update of developments in my teaching area or specialty field. <input type="checkbox"/> Other:	
If applicable, state how the professional development opportunity aligns with your building's SIP strategies and Needs Assessment. (e.g. "Page 20 of 74 of the SIP states, "Teaching staff will implement technology in teaching practices..."")	
Identify the goal you have in attending the professional development. (e.g. "I will be implementing Moodle with students in the Spring of 2013 to improve their academic readiness for the Smarter Balanced Assessment.")	
Identify how and when you will evaluate the success of the Professional Development on student learning: (e.g. "By April 2013 I will document the number of assessments taken through the Moodle site and successes/areas for improvement in implementing this type of testing. I will supply this report to the SIT.")	
If this conference is approved, is it likely that additional sessions or follow-up activities at additional cost to the District will be necessary in order to realize the full benefit of this request? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Complete Page 2 on back	

Estimate of Costs to the District:

Advanced Registration Fee: \$ _____

(The District pays the lowest non-student fee listed for the conference or activity. You must pay, if required, any membership fees or the difference between a member or non-member fee. Membership or differential checks should be made payable to the sponsoring organization and must accompany this form to avoid delays.)

Mileage (Total Trip): \$ _____

Reimbursement Rate (\$0.34 per mile)

Cost of Parking: \$ _____

(Estimate only)

Air/Rail Transportation: \$ _____

(District will make arrangements, if approved)

Cost of Meals: \$ _____

(District pays \$8.00 for breakfast, \$8.00 for lunch, and \$10.00 for dinner ONLY if not included in your registration fee. No alcoholic beverages or room service.)

Lodging: Single Shared
\$ _____

Lodging arrangements are to be made by the conference attendee. If sharing, please indicate who will be sharing the room with you: _____

Number of days substitute required: _____

The current substitute rate is \$70.00 per day.

Total Cost: \$ _____

Total Estimated Costs to the District: \$ _____

***Save a copy for your files.
Submit an electronic copy to the State & Federal Programs Coordinator.***

Approvals

State & Fed. Programs (SFP) Coordinator Allowable Use of Federal Funds Not Allowable
Comments:

State & Fed. Programs Coordinator Signature: _____ Date: _____

SFP Funding Source: _____ Account Number(s): _____

Forward to Building Principal.

Principal Recommended Not Recommended

Comments:

Principal Signature: _____ Date: _____

Funding Source: _____ Account Number(s): _____

Forward to Building Secretary.
(Building Secretary sends request to Business Office.)

Superintendent Recommended Not Recommended

Superintendent Signature: _____ Date: _____

Forward to Business Manager.

Business Manager Approval Packet Sent Copies Distributed

Copies:

Building Principal State & Fed. Programs Coordinator District PD Chairperson Superintendent