

Warrensville Heights City School District

4500 Warrensville Center Road
 Warrensville Heights, OH 44128
 (216) 865-4717

www.warrensville.k12.oh.us



PROFESSIONAL DEVELOPMENT REQUEST FORM

Employee Name:		School/Department:	Date of Request:
Position:	Email Address:		Phone Number:
Conference/Meeting		Location:	Date(s):
Purpose for Attending (circle): To better align curriculum, instruction, assessment/To improve delivery of classroom assessment and instruction/To prepare for implementaton of strategies in the District or School Improvement Plan/To complete activities outlined in my IPDP*/To improve professional performance as outlined in my improvement plan/To fulfill requirements needed for HQT certification/Other:			
District Goal/Strategy Being Addressed (circle): I. ACADEMIC ACHIEVEMENT: (A.) Building Leadership Team (BLT) Development (B.) Teacher Based Team (TBT) Development (C.) Formative Assessment (D.) Reading/Literacy (E.) Mathematics II. CLIMATE/CONDITIONS FOR LEARNING: (A.) Positive Behavioral and Intervention Supports (PBIS)			
Expected Outcome: Collaboration with the Executive Director regarding how information learned at the conference/workshop will be shared with district staff.			
EXPENSES			
Registration	\$ _____	Hotel	\$ _____
Membership	\$ _____	Meal(s)	\$ _____
		Mileage @ .58	\$ _____
		Total	\$ _____
		(Total of Registration, Membership, Hotel, Meals and Mileage)	
Principal/Supervisor Approval:		Director Approval (if applicable)	Superintendent Approval
Signature		Signature	Signature
Print Name		Print Name	Print Name
Fund/Budget Name:		Fund/Budget Code:	

Attached Professional Development event information and original copy of completed event registration, hotel registration confirmation and estimated mileage with Mapquest. An updated IPDP must be on file in the LPDC office prior to approval for PDUs, CDUs, or graduate credit.

SUBMIT FOUR WEEKS PRIOR TO EVENT:

**Professional Development Requests
 Room 105, Administration Building**

Receipt Date: _____