

PROFESSIONAL DEVELOPMENT DIRECTIONS

Begin using July 1, 2018

1st – Complete the reason for attendance. Please use blue or black ink on all forms. (Page 2)

2nd – Fill out the *Request Form* including your principal's signature. (Page 3) **Requests must be pre-approved by the committee and teachers MUST NOT register until contacted by Chris Marquart . Out of state travel must be pre-approved by Dr. VanLeer before submitting to the approval committee.**

3rd – Instructor requesting funds will scan the *Reason for Attendance form, Professional Development Request Form*, the activity registration form, workshop advertisement/description and Mapquest documentation. Workshop paperwork should be completed prior to submitting for accuracy of registration by the CIA office.

4th – Instructor requesting funds will email all scanned items to all members of the approval committee.

2018-2019 Approval Committee

Erin Gaebe	Rekke Berges
Philip King	Iesha Maloney
Judy Straatmann	Chris Marquart

5th – The approval committee will review the request for funds. Decisions are based on building goals and if the professional development can be provided “in-district.”

6th – Complete the follow-up form within one week of workshop date and send to Erin Gaebe at BOE. (Page 4)

SDOW ALLOWABLE EXPENSES:

- ~ Conference/workshop registration fees.
- ~ Mileage will be reimbursed at \$.50 per mile.
Carpooling is strongly recommended. Be sure to include your total miles both to and from the conference. Documentation of miles is needed.
- ~ Lodging when overnight stay is necessary.
- ~ Substitute teacher costs (if required) at \$90/day.
- ~ Total per teacher per workshop not to exceed \$500/year.

SDOW NON-ALLOWABLE EXPENSES:

- ~ College tuition or Continuing Education fees and related expenses.
- ~ Membership fees for professional organizations.
- ~ Activities associated with extracurricular assignment.
- ~ Food & Incidentals

Reason for Attendance

How will participation in this professional activity benefit student achievement and teacher effectiveness? This information must relate to the implementation of your building's goals. Include specifically which building goal this workshop or conference will address.

BUILDING or DISTRICT GOAL:

HOW WILL THIS ACTIVITY BENEFIT STUDENT ACHIEVEMENT RELATED TO THE GOAL?

PERSON REQUESTING: _____

SCHOOL REQUESTING: _____

CONFERENCE/WORKSHOP TITLE: _____

DATE REQUEST WAS SUBMITTED: _____

PROFESSIONAL DEVELOPMENT REQUEST FORM

SHOULD BE SUBMITTED AT LEAST TWO WEEKS PRIOR TO THE ACTIVITY. INCOMPLETE FORMS COULD RESULT IN MISSING THE REQUESTED WORKSHOP.

PERSON REQUESTING: _____

SCHOOL REQUESTING: _____

CONFERENCE/WORKSHOP TITLE: _____

LOCATION: _____ DATES: _____

REGISTRATION FEE: _____

COMPLETED REGISTRATION FORM INCLUDED: _____

ROUNDTRIP MILES: _____

(Current rate 50 cents per mile): \$ _____

DOCUMENTATION OF MILEAGE INCLUDED: _____

LODGING: YES OR NO

ROOM FEE + taxes: \$ _____ (Per night)

TOTAL ROOM COSTS: \$ _____

Hotel Name: _____

Hotel Phone #: _____

Check-in Date: _____

Check-Out Date: _____

SUBSTITUTE (\$90/DAY): _____

SUBSTITUTE NEEDED YES OR NO
(please circle)

REQUESTED TOTAL COST: \$ _____ (NOT TO EXCEED \$500)

(Includes registration, mileage, lodging, substitute)

IF THE REQUESTED AMOUNT IS OVER THE ALLOWABLE \$500, HOW WILL OVERAGES BE PAID? _____

Note: Expenses not listed on this form will not guarantee payment with PD funds. All expenses must be pre-approved on this form. Principal signature does not indicate approval.

Completed by CIA Office:

Approval Committee:

Judy _____ Rekke _____ Erin _____ Phillip _____ Ilesha _____

Approved

Unapproved Reason: _____

(Signature of Approval Committee Member)

Registration PO#: _____

Mileage PO#: _____

Hotel PO#: _____

Hotel Confirmation: _____

Payroll Dept Notified –Substitute: _____

APPROVED TOTAL COST: \$ _____

Principal's Signature

PROFESSIONAL DEVELOPMENT FOLLOW-UP FORM

(If you received Professional Development funds from your building level fund, you must complete a follow-up form and return it to Erin Gaebe at BOE.)

NAME: _____ BUILDING: _____

ACTIVITY ATTENDED: _____

DATE(S) ATTENDED: _____ LOCATION OF EVENT: _____

Final Expenditure Amount: _____

(Please include all registration fees, lodging, meals, transportation, and substitute funds (\$90/day) that you submitted to your building PDC committee.)

To which Professional Development Goal or Initiative per the Needs Assessment/Professional Development Enrichment Plan does this apply? Please check all that apply.

- KNOWLEDGE LEVELS
- ESSENTIAL LEARNER OUTCOMES (OUTS)
- FORMATIVE ASSESSMENTS
- SUMMATIVE ASSESSMENTS
- DATA ANALYSIS
- COMMON SCORING PRACTICES
- FEEDBACK
- STUDENT PROGRESS MONITORING
- RESEARCH BASED INSTRUCTIONAL STRATEGIES
- DEVELOPING CURRICULUM UNITS/LESSON DESIGN
- DIFFERENTIATING INSTRUCTION
- BEHAVIOR MANAGEMENT

How did this professional development activity relate to the implementation of the district's goals, your building or program goals, or your own professional enrichment goals?

How and when do you plan to share the new ideas/information from this workshop with your colleagues?

How would you rank the overall effectiveness of this workshop?

Extremely ineffective 1 2 3 4 5 *Extremely effective*

Explain how attending this workshop benefits your students