

# Professional Development Activity Request

Date 5-18-15

Activity Request submitted by: Cindy (name) Magnifico (school)

**Activity aligns with:**

District CSIP Goal: Provide high-quality professional development aligned with district goals  
 Building SIP Goal: \_\_\_\_\_

**Activity Focus Area(s):**

Literacy                       Curriculum                       Technology  
 At-risk                              \_\_\_\_\_ Mathematics                       Instructional Strategies/Improvement

**Funding Source(s):**

**Approved by: (Both the PD rep and principal must sign)**

Building  
 \_\_\_\_\_ Department--- Dept. name \_\_\_\_\_  
 Special Projects (District PD funds)

\_\_\_\_\_ Bldg. PD rep \_\_\_\_\_  
 Bldg principal email confirmation from building principals

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**Professional Development Activity Description**

List name of activity and briefly describe : National Science Teachers of America National Conference

Location Kansas City Convention Center                      Date of activity December 3-5, 2015

Participant names ISD Science Department 6-12 and science administrators

**Substitute Salary**

Substitute costs (\$95 per day w/benefits)  
40 X 1 X 95.00 = \$ 3,800.00  
 # of subs            # of days            \$95.00            Total

**Staff compensation**

Stipend (\$25 per hour w/benefits)                      0.00

**Purchased Services**

Airfare (total \$)    0.00  
 Registration\* (Total amount)                              6,400.00  
 Lodging\*\* (Total amount)                                      0.00  
 Consultant Fee    0.00

**Materials/Supplies**

**Grand Total:**    \$ 6,400.00

<b><u>Expense Summary:</u></b>	<b><u>Cost</u></b>	<b><u>Fund</u></b>
	<u>3,800.00</u>	<b>Building funds</b>
	<u>        </u>	<b>Department funds</b>
	<u>6,400.00</u>	<b>Special Projects</b>

**Required Forms** (Must be attached to this request)

Authorized Leave Form \*  
 (A separate form must be completed for each participant)

Time Sheet  
 (A separate time sheet must be submitted for each participant)

Travel Request/Reimbursement Form  
 Travel Request/Reimbursement Form \* Please include copy of registration  
 Travel Request/Reimbursement Form\*\*You will need to make your own hotel reservations.

Consultant Form

Request for Materials and Supplies Form

Activity: <input type="checkbox"/> Approved <input type="checkbox"/> Not approved  <hr/> Dr. Elizabeth Savidge
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## **Annette Martin**

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**From:** Cindy Magnifico  
**Sent:** Tuesday, May 19, 2015 9:15 AM  
**To:** Annette Martin  
**Cc:** Beth Savidge; Bridget Cantrell  
**Subject:** Special projects Request  
**Attachments:** SpecialProjectRequest-2015.pdf

Annette,

We will probably not have 40 teachers able to go but I wanted to plan on the high side. Having a national science conference in KC is rare. I'd like to get as many as possible there. Principals have said they would cover sub costs for the one day for up to 3 teachers per building. I've heard back from most of them. We would need to stagger the number of MS and HS teachers gone on the 2 days that will be available to them. If the request is approved, I'll work on the logistics of that. If you need anything else please let me know. Thank you!

*Cindy Magnifico*

**7-12 Science Instructional Specialist**  
**Independence School District**  
**Office: Pioneer Ridge Middle School**  
**(660)232-4378**

In a completely rational society, the best of us would be teachers and the rest of us would have to settle for something else.

**Lee Iacocca**