Professional Development Activity Request E06531

Tan-Tar-A Resort/ Osage beach, MO Date of activity April 16-19		te Vinson	Southern	<u> </u>		
X Building SIP Goal: Increase student achievement and performance X Building SIP Goal:	ivity aligns with:	(name)	;	(school)		
X Building SIP Gool:	X District CSIP Goal: Increas	e student achievement and perforr	nance			
ivity Focus Area(s): X Literacy X Ar-risk Machematics Approved by: (Both the PD rep and principal must sign) Bidg. PO rep Bidg. Porep Bidg. Porep Authorized Leave Form (A separate form 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 * Please Include copy of regin Travel Request/Reimbursement Form * You will need to make your hotole researation Travel Request/Reimbursement Form						
Substitute Salary Subs	Building SIP Goal:					
Approved by: (Both the PD rep and principal must sign) Building Department—Dept.name Special Projects (District PD funds) Professional Development Activity Description name of activity and briefly describe: (**District PD funds) Professional Development Activity Description name of activity and briefly describe: (**District PD funds) Professional Development Activity Description name of activity and briefly describe: (**District PD funds) Professional Development Activity Description name of activity and briefly describe: (**District PD funds) Professional Development Activity Description name of activity and briefly describe: (**District PD funds) Professional Development Activity Description Name of activity and briefly describe: (**District PD funds) Punds A Reserve Costs (\$95 per day w/benefits) O						
Approved by: (Both the PD rep and principal must sign) Bidg. PD rep Department—Dept. name Bidg principal Department Form ** Department Form * Depa				the construction of the co		
Building Bidg P7 rep Bidg principal	At-risk	Wathematics	instructional Strategies	yimprovement		
Professional Development Activity Description	ding Source(s):	Approved	by: (Both the PD rep ar	nd principal <u>must</u> sign)		
Professional Development Activity Description	Building .	Bldg.	PD rep	·		
Professional Development Activity Description name of activity and briefly describe: Company Company		Bldg	orincipal			
Professional Development Activity Description name of activity and briefly describe: ***Diseasuarguage Nating Connection-Nations exection in register to the Pools and Indiana, standard has a formation in the Pools and Indiana, in the Pools and Indiana, in the	Special Projects (District PD funds)	: . · · · · · · · · · · · · · · · · · ·				
### Purchased Services Alifare (total 5) Registration* (Total amount) Loging** (Total amount) Consultant Fee Dotal	*****************	*************************	******************	***************		
Substitute Salary Substitute Costs (595 per day w/benefits) O		Professional Develop	ment Activity Descri	ption		
ticipant names April 18-19 Lyne He Vinson Lyne He Vinson	•					
Substitute Salary Substitute Costs (\$95 per day w/benefits) 0	name of activity and briefly describe	MO Speach Language Hearing Convention—Verious ease	ara ranging from 1-8 hours in length. Focus is on ly	analy, standard based (iff goals, statisting therapy, author, (
Substitute Salary Substitute Costs (595 per day w/henefits) 0 x 0 x 95.00 = \$0.00 # of subs # of days \$95.00 Total Staff compensation Stipend (\$25 per hour w/benefits) 0 0,00 Registration* (Total amount) Lodging** (Total emount) Consultant Fee Materials/Supplies Materials/Supplies Grand Total: Substitute Salary Substitute Salary Substitute Salary Substitute Costs (\$95 per day w/henefits) 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 regist Travel Request/Reimbursement Form **You will need to make your hotel reservations. Consultant Form Materials/Supplies Grand Total: Staff compensation Supplies Authorized leave Form * (A separate time sheet must be submitted for each participant) Travel Request/Reimbursement Form Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form **You will need to make your hotel reservations. Consultant Form Materials/Supplies Building funds Activity: Approved Approved Not approved						
Substitute Salary Substitute Costs (595 per day w/benefits) 0 x 0 x 95.00 = \$0.00 # of subs # of days \$95.00 Total Staff compensation Stipend (\$25 per hour w/benefits) Purchased Services Airfare (total \$) Registration* (Total amount) Lodging** (Total emount) Consultant Fee Materials/Supplies Grand Total: Substitute Salary Authorized leave Form* (A separate form must be completed for each participant) 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 regist Travel Request/Reimbursement Form** You will need to make your hotel reservations. Consultant Form Materials/Supplies Grand Total: Building funds Request for Materials and Supplies Form Activity: Approved Not approved	7 7 t Dt D t bt					
Substitute costs (\$95 per day w/benefits) O X O X 95.00 = \$0.00 # of subs # of days \$95.00 Total Staff compensation Stipend (\$25 per hour w/benefits) O 00	ation Ian-Iar-A Resort Osage beach, MC	Date of acti	vity April 16-19			
Substitute Salary Substitute Costs (\$95 per day w/benefits) O X 0 X 95.00 = \$ 0.00 # of subs # of days \$95.00 Total Staff compensation Stipend (\$25 per hour w/benefits) O_00	Agrin, "	Tunette Vi	ารกท			
Substitute costs (\$95 per day w/benefits) 0	ticipant names	myrici ic vi	1.0011			
Substitute costs (\$95 per day w/benefits) O X O X 95.00 = \$0.00 # of subs # of days \$95.00 Total Staff compensation Stipend (\$25 per hour w/benefits) O 00				•		
Substitute costs (\$95 per day w/benefits) O						
Staff compensation Staff compensation Staff compensation Stipend (\$25 per hour w/benefits) 0.00 Travel Request/Reimbursement Form Purchased Services Airfare (total \$) 0.00 Travel Request/Reimbursement Form * Please include copy of regist Lodging** (Total amount) 345.00 Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include	<u> </u>					
Staff compensation Stipend (\$25 per hour w/henefits) Purchased Services Airfare (total \$) Registration* (Total amount) Lodging** (Total amount) Consultant Fee 0.00 Materials/Supplies Grand Total: Building funds Time Sheet (A separate time sheet must be submitted for each participant) Travel Request/Reimbursement Form Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form**You will need to make your hotel reservations. Consultant Form Activity: Approved Not approved Not approved						
Staff compensation Stipend (\$25 per hour w/benefits) Purchased Services Airfare (total \$) Registration* (Total amount) Lodging** (Total amount) Consultant Fee 0.00 Materials/Supplies Grand Total: Staff compensation O.00 Time Sheet (A separate time sheet must be submitted for each participant) Travel Request/Reimbursement Form Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form **You will need to make your hotel reservations. Consultant Form Materials/Supplies O.00 Request for Materials and Supplies Form Activity: Approved Not approved Not approved Not approved			(A separate form mus	t ne completed for each participant;		
Stipend (\$25 per hour w/benefits) Purchased Services Airfare (total \$) Registration* (Total amount) Lodging** (Total amount) Consultant Fee 0.00 Materials/Supplies Grand Total: Expense Summary: Cost Building funds Aseparate time sheet must be submitted for each participant) (A separate time sheet must be submitted for each participant) (A separate time sheet must be submitted for each participant) (A separate time sheet must be submitted for each participant) (A separate time sheet must be submitted for each participant) (A separate time sheet must be submitted for each participant) (A separate time sheet must be submitted for each participant) (A separate time sheet must be submitted for each participant) (A separate time sheet must be submitted for each participant) (A separate time sheet must be submitted for each participant) (A separate time sheet must be submitted for each participant) (A separate time sheet must be submitted for each participant) (A separate time sheet must be submitted for each participant) (A separate time sheet must be submitted for each participant) (A separate time sheet must be submitted for each participant) (A separate time sheet must be submitted for each participant) (A separate time sheet must be submitted for each participant) (A separate time sheet must be submitted for each participant) (A separate time sheet must be submitted for each participant) (A separate time sheet must be submitted for each participant) (A separate time sheet must be submitted for each participant) (A separate time sheet must be submitted for each participant) (A separate time sheet must be submitted for each participant) (A separate time sheet must be submitted for each participant) (A separate time sheet must be submitted for each participant) (A separate time sheet must be submitted for each participant) (A separate time sheet must be submitted for each participant) (A separate time sheet must be submitted for each participant)	•	1010)	•	·		
Purchased Services Airfare (total \$)	Staff compensation		Time Sheet			
Airfare (total \$)	Stipend (\$25 per hour w/benefits)	0.00	(A separate time shee	et must be submitted for each participant)		
Registration* (Total amount) Lodging** (Total amount) Consultant Fee D.00 Materials/Supplies Grand Total: Expense Summary: Cost Building funds Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Rei	Purchased Services					
Registration* (Total amount) Lodging** (Total amount) Lodging** (Total amount) Consultant Fee D.00 Materials/Supplies Grand Total: Expense Summary: Cost Building funds Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimbursement Form * Please include copy of regist Travel Request/Reimb	Airfare (total \$)	0.00	Travel Request/Reimh	ursement Form		
Lodging** (Total amount) 345.00 Trave! Request/Reimbursement Form**You will need to make your hotel reservations. Consultant Fee 0.00 Materials/Supplies Grand Total: Expense Summary: Cost Fund Building funds Trave! Request/Reimbursement Form**You will need to make your hotel reservations. Consultant Form Request for Materials and Supplies Form Activity: Activity: Approved Not approved	•	190.00				
Consultant Fee 0.00 Consultant Form Materials/Supplies Consultant Form Request for Materials and Supplies Form ### Approved ### Approved ### Not approved #	Lodging** (Total amount)	345.00	• •	., -		
Consultant Fee O.00 Consultant Form Materials/Supplies Consultant Form Request for Materials and Supplies Form S 535.00 Expense Summary: Cost Fund Building funds Consultant Form Request for Materials and Supplies Form Activity: Activity: Approved Not approved				TO WHITE TO THE POWER OF THE PO		
Grand Total: \$535.00 Expense Summary: Cost Fund Approved Approved Not approved Not approved	Consultant Fee	0.00		•		
Grand Total: \$535.00 Expense Summary: Cost Fund Approved Approved Not approved Not approved		0.00	•			
Expense Summary: Cost Fund Activity: Building funds Activity: Approved Not approved		0.03	Request for Materials	and Supplies Form		
Expense Summary: Cost Fund Approved Not approved Not approved	Materials/Supplies					
Expense Summary: Cost Fund Approved Not approved Not approved Not approved	• •	\$ 535.00				
Building funds	• •	\$ 535.00	. [Activity:		
- 	Grand Total:		·	•		
- Repartment funds	Grand Total:			Approved		
Special Projects Dr. Elizabeth Savidge	Grand Total:	t Fund		Approved		

Building Name: William Southern Activity Date: April 18-19,2016
Please provide a brief description of your building activity including your plan for
Sharing, Will present appropriate tearning metarics that support district desirated goals to other sate and for specialists. Livid believe materials in my deby appears the suppy is second with a forest and an appropriate transport in the suppy is second with a forest and a support of the suppy in the suppy is second with a forest and a support of the suppy in the suppy is second with a forest and a support of the suppy in the suppy is second with a forest and a support of the suppy in the suppy is second with a forest and a support of the suppy in the suppy is second with a forest and a support of the suppy in the suppy is second with a forest a suppy in the s
·
Criteria for High-Quality Professional Development
*Mark all that apply to the activity described above.
Part I: High-quality professional development:
✓ actively engages teachers, over time.
is directly linked to improved student learning so that all children may meet the Show-Me Standards at
the proficient level.
✓ is directly linked to district and building school improvement plans.
is developed with extensive participation of teachers, parents, principals, and other administrators. [*Parent participation may be at the CSIP level]
provides time and other resources for learning, practice, and follow-up.
is supported by district and building leadership.
provides teachers with the opportunity to give the district feedback on the effectiveness of participation in this professional
development activity. Part II: Some types of activities that might be considered high-quality professional development if they
meet the above requirements are:
study groups.
grade-level collaboration and work.
✓ content-area collaboration and work.
✓ action research and sharing of findings. ✓ modeling
vertical tearning,
other
Part III: Topics for high-quality professional development may include:
✓ content knowledge related to standards and classroom instruction.
instructional strategies related to content being taught in the classroom.
improving classroom management skills.
 ✓ a combination of content knowledge and content-specific teaching skills. ✓ the integration of academic and vocational education.
✓ research-based instructional strategies.
strategies to assist teachers in providing instruction to children with limited English proficiency to
improve their language and academic skills.
strategies to assist teachers in creating and using classroom assessments.
instruction in the use of data to inform classroom practice.
✓ instruction in methods of teaching children with special needs. instruction in linking secondary and post-secondary education.
✓ involving families and other stakeholders in improving the learning of all students.
✓ strategies for integrating technology into instruction.
research and strategies for the education and care of preschool children.
research and strategies for closing achievement gaps between diverse groups of students.

Travel Request and Reimbursement Professional Development Activity

Date of Request:						
Name Lynette Vinso				School Southern		
Type of Meeting		ch and Language Convention		<u> </u>		
Location	Osage Be	each, MO				
Departure Date	4/16/201	<u> </u>	Retur	n Date 4/19/2015		
Transportation:	Air	Car	0	ther		
Reimbursement Sc	ource:	Building			%	
		District Special	Project	100	.00%	
		State/Grant			<u> </u>	
		Other			 %	
A		•				
Activity #				Request is:	Approved Not Approved	
				Dr. B	eth Savidge	
		Applicatio	on for I	Reimbursement		
	•	Submit prior to activity.		*Resubmit with rec	eipts <u>after</u> activity.	
]	Estimate of Expenses		ount Paid By rict P.O./Card	Actual Expense for Reimbursement	
Transportation(.4	85 per mile					
Registration		\$ 190.00		# 14L * V * 24. * * * * * * * * * * * * * * * * * * *		
Meals		\$ 30.00			·	
Lodging Other Expenses		\$ 345.00	_			
Sulta de		£ 720.00		# 0.00	2.00	
Subtota	i	\$ 730.00		\$ 0.00	\$ 0.00	
		To	tal Rei	mbursement Re	quested:	
		rect statement of my exp sched receipts for all exp			rized school business in the peri eking reimbursement.	iod
Signature:			Date:			
Expenditures char						
Approval: Superintendent:	These exp	penses are approved for	paymen	t in the amount of	\$	

Please make a copy of this completed form for your records.

Jenna Mise E06532

Guidelines for Requesting Funds from District PDC

Special Projects Check Sheet

Before submitting your Professional Development Activity Request forms, please check for completion of the following items. Please submit this Special Projects Check sheet when requesting Professional Development funds.

<u>/</u>	Complete Professional Development Activity Request forms							
<u></u>	Attach authorized leave form(s) if applicable							
<u>/</u>	Attach explanation or flyer of the conference or workshop explaining the purpose							
	Check fund sources from building or department before sending to the District PDC building registration \$145 department							
	Were you able to attain any funds? Please list the amounts you received. \$							
	\$ department							
	Please send Professional Development Activity Request forms to the Directors of Special Projects, Annette Martin or Emily Heflin at Luff Elementary, prior to the last day of the month.							
_	Have you accessed these special funds before? This school year? Please explain.							
<u>/</u>	Completed Special Projects Check Sheet							

Thank you!

Professional Development Activity Request

with aligns with: X District CSIP Goal: Increase student achievement and performance X Building SIP Goal: SECT of Blackbur in Students: Will Meet or exceed expected of STAK Early Lit TAR Reading. X Building SIP Goal: X Curriculum Technology X At-risk Mathematics X Instructional Strategies/Improvement Approved by: (Both the PD rep and principal must sign) Building Department—Dept. name Bildg prihelpdi Salah William Special Projects (District PD funds) Professional Development Activity Description Intervention with auditory processing disorders, use of technology Ition Tan-Tar-A Resent/ Osage beach, MO Date of activity April 16-19 Substitute Costs (\$95 per day w/benefits) 0	vity Request submitted by: Jen	(name)	Blackburn Elementary (school)
Substitute Costs (\$95 per day w/benefits) 0.00		• •	
Altered X Curriculum Technology Instructional Strategies/Improvement Technology X Altered X Instructional Strategies/Improvement Technology			
Itel Process Area(s): X	XBuilding SIP Goal: 255	of Blackburn Stare Earl	udents will meet or exceed expected gr
## Al-filisk Machematics X Instructional Strategies/Improvement ## Approved by: (Both the PD rep and principal must sign) ## Building	ity Focus Area(s):		J
Building Department—Dept. name Special Projects (District PD funds) Professional Development Activity Description ame of activity and briefly describe: 100 Special Activity April 16-19 In District Reason's Ossage beach, MO Date of activity April 16-19 Substitute Salary Substitute Salary Substitute costs (995 per day w/benefits) 0			···············
Building Department—Dept. name Special Projects (District PD funds) Professional Development Activity Description ame of activity and briefly describe: 100 Special English and Supplies (A house header services) In Professional Development Activity Description ame of activity and briefly describe: 100 Special English and Supplies (A house header services) In Professional Development Activity Description ame of activity and briefly describe: 100 Special English and Supplies (A house header services) In Tan-Tan-A Record Coage beach, MO Date of activity April 16-19 Substitute Salary Substitute Salary Substitute Costs (\$95 per day w/benefits) In Tan-Tan-A Record Coage beach, MO Date of activity April 16-19 Substitute Salary Substitute Costs (\$95 per day w/benefits) In Tan-Tan-A Record Coage beach, MO Date of activity April 16-19 Authorized Leave Form* (A separate form must be completed for each participant) Time Sheet (A separate time sheet must be submitted for each participant) Purchased Services Airfare (total \$) Consultant Form Purchased Services Airfare (total \$) Consultant Form Travel Request/Reimbursement Form * Please include copy of regists potal resorrations. Consultant Form Materials/Supplies 0.00 Consultant Form Materials/Supplies Substitute Salary Substitute Salary Approved Not approved Not approved Not approved Not approved Not approved Not approved	At-risk	Mathematics	instructional Strategies/Improvement
Professional Development Activity Description	ing Source(s):		
Professional Development Activity Description	Outlidia -	./814	an Almaie Balant
Professional Development Activity Description	•	Bldg.	PD republished to the second s
Professional Development Activity Description ame of activity and briefly describe: 100 Spends teagrees Heatry Commodes Values receives serging from 1-8 harm in large. Pleas the culturary, standard based IDE path, suitering standard. Intervention with auditory processing discordars, use of technology Ion Tan-Tan-A Researd Ossage beach, MO Date of activity April 16-19 Substitute Salary		Diu8 I	DILLIPHON SALVE OF COLOR
Authorized Leave Form * Substitute Salary Substitute Salary Substitute Salary Substitute Costs (\$95 per day w/benefits) 0			•
Authorized Leave Form * Substitute Salary Substitute Salary Substitute Salary Substitute Costs (\$95 per day w/benefits) 0	***************	**********	评州长帝宗宗宗宗帝帝帝宗宗宗宗帝帝宗宗宗宗宗宗宗宗宗宗宗宗宗宗宗宗宗宗宗宗宗宗宗
Date of activity April 16-19		Professional Develop	ment Activity Description
Date of activity April 16-19			
Date of activity April 16-19		MY Spandy Language Monday Paytonton Making an	resions provides from 1.6 button in foreign. Corres is on Margan, standard based IED analys strillating three pro-
Date of activity April 16-19			saurostanging from 1-5 neurs in ising at Focus in on mainty, autoritis distant cases in Figure 1 and wind entrapy,
Substitute Salary Substitute Costs (995 per day w/benefits) 0	a, intervention with auditory processing	disorders, use of technology	
Substitute Salary			
Substitute Salary	ion Tan-Tar-A Resort/ Osage beach, I	MO Date of acti	vity April 16-19
Substitute Salary Substitute costs (\$95 per day w/benefits) 0			
Substitute Salary Substitute costs (\$95 per day w/benefits) 0 x 0 x 95.00	lonna Miloa		
Substitute costs (\$95 per day w/benefits) 0	ipant names demile trise		
Substitute costs (\$95 per day w/benefits) 0	ipant names		
Substitute costs (\$95 per day w/benefits) 0	ipant names		
Substitute costs (\$95 per day w/benefits) 0	ipant names odiana wisa		
A separate form must be completed for each participant			Required Forms (Must be attached to this request)
# of subs # of days \$95.00 Total Staff compensation Stipend (\$25 per hour w/benefits) Purchased Services Airfare (total \$) Registration* (Total amount) Lodging** (Total amount) Consultant Fee D.00 Travel Request/Reimbursement Form Travel Request/Reimbursement Form * Please include copy of registration* Travel Request/Reimbursement Form * Please include copy of registration* Travel Request/Reimbursement Form * Please include copy of registration* Travel Request/Reimbursement Form * Please include copy of registrations hotel reservations. Consultant Fee D.00 Request for Materials and Supplies Form Activity: Approved Not approved Not approved Not approved	Substitute Salary		· · · · · · · · · · · · · · · · · · ·
Staff compensation Stipend (\$25 per hour w/benefits) Purchased Services Airfare (total \$) Registration* (Total amount) Lodging** (Total amount) Consultant Fee D.00 Materials/Supplies Grand Total: Expense Summary: Cost Fund D.00 Consultant Funds Time Sheet (A separate time sheet must be submitted for each participant) Travel Request/Reimbursement Form Travel Request/Reimbursement Form * Please include copy of registrations. Consultant Form Request for Materials and Supplies Form Activity: Activity: Approved Not approved Not approved Not approved Not approved	Substitute Salary Substitute costs (\$95 per day w/be		Authorized Leave Form *
Stipend (\$25 per hour w/benefits) Purchased Services Airfare (total \$) Registration* (Total amount) Lodging** (Total amount) Consultant Fee D.00 Materials/Supplies Grand Total: Expense Summary: Cost Fund Building funds Department funds Department funds (A separate time sheet must be submitted for each participant) (A separate time sheet must be submitted for each participant) (A separate time sheet must be submitted for each participant) Travel Request/Reimbursement Form Travel Request/Reimbursement Form * Please include copy of registry Travel Request/Reimbursement Form * Please include copy of registry Travel Request/Reimbursement Form * Please include copy of registry Travel Request/Reimbursement Form * Please include copy of registry Travel Request/Reimbursement Form * Please include copy of registry Travel Request/Reimbursement Form * Please include copy of registry Travel Request/Reimbursement Form * Please include copy of registry Travel Request/Reimbursement Form * Please include copy of registry Travel Request/Reimbursement Form * Please include copy of registry Travel Request/Reimbursement Form * Please include copy of registry Travel Request/Reimbursement Form * Please include copy of registry Travel Request/Reimbursement Form * Please include copy of registry Travel Request/Reimbursement Form * Please include copy of registry Travel Request/Reimbursement Form * Please include copy of registry Travel Request/Reimbursement Form * Please include copy of registry Travel Request/Reimbursement Form * Please include copy of registry Travel Request/Reimbursement Form * Please include copy of registry Travel Request/Reimbursement Form * Please include copy of registry Travel Request/Reimbursement Form * Please include copy of registry Travel Request/Reimbursement Form * Please include copy of registry Travel Request/Reimbursement Form * Please include copy of registry Travel Request/Reimbursement Form * Please include copy of registry Travel Request/Reimbursement Form *	Substitute Salary Substitute costs (\$95 per day w/be		Authorized Leave Form *
Purchased Services Airfare (total \$) Registration* (Total amount) Lodging** (Total amount) Consultant Fee Double Services Airfare (total \$) Registration* (Total amount) Consultant Fee Double Services At 100	Substitute Salary Substitute costs (\$95 per day w/be 0 x 0 x 95.	= \$ 0.00	Authorized Leave Form *
Purchased Services Airfare (total \$) Registration* (Total amount) Lodging** (Total amount) Consultant Fee D.00 Materials/Supplies Grand Total: Expense Summary: Cost Building funds Department funds D.00 D.00 Travel Request/Reimbursement Form * Please include copy of registrations. Travel Request/Reimbursement Form * Please include copy of registrations. Travel Request/Reimbursement Form * Please include copy of registrations. Travel Request/Reimbursement Form * Please include copy of registrations. Travel Request/Reimbursement Form * Please include copy of registrations. Travel Request/Reimbursement Form * Please include copy of registrations. Total amount) D.00 Request for Materials and Supplies Form Activity: Approved Not approved Not approved	Substitute Salary Substitute costs (\$95 per day w/be 0	= \$ 0.00	Authorized Leave Form * {A separate form must be completed for each participant}
Airfare (total \$) Registration* (Total amount) Lodging** (Total amount) Consultant Fee D.00 Travel Request/Reimbursement Form * Please include copy of registrations. Consultant Fee D.00 Travel Request/Reimbursement Form * Please include copy of registrations. Consultant Form Materials/Supplies D.00 Request for Materials and Supplies Form Activity: Activity: Approved Not approved Not approved Not approved Not approved Department funds	Substitute Salary Substitute costs (\$95 per day w/be 0	00 = \$ 0.00 95.00 Tota!	Authorized Leave Form * {A separate form must be completed for each participant} Time Sheet
Registration* (Total amount) Lodging** (Total amount) Consultant Fee Consultant Fee Consultant Form Materials/Supplies Grand Total: Expense Summary: Cost Fund Building funds Department funds D.00 (145 oc) 1	Substitute Salary Substitute costs (\$95 per day w/be 0	00 = \$ 0.00 95.00 Tota!	Authorized Leave Form * {A separate form must be completed for each participant} Time Sheet
Registration* (Total amount) Lodging** (Total amount) Consultant Fee Description of the log of t	Substitute Salary Substitute costs (\$95 per day w/be 0	00 = \$ 0.00 95.00 Tota!	Authorized Leave Form * {A separate form must be completed for each participant} Time Sheet
Lodging** (Total amount) 345.00 bidg. Travel Request/Reimbursement Form**You will need to make your on hotel reservations. Consultant Fee 0.00 Consultant Form Materials/Supplies 0.00 Request for Materials and Supplies Form \$ 345.00 Expense Summary: Cost Fund Activity: Approved Not approved Not approved Department funds	Substitute Salary Substitute costs (\$95 per day w/be 0 X 0 X 95. # of days \$5 # of subs # of days \$5 Staff compensation Stipend (\$25 per hour w/benefits) Purchased Services	00 = \$ 0.00 95.00 Total	Authorized Leave Form * {A separate form must be completed for each participant} Time Sheet (A separate time sheet must be submitted for each participant)
Consultant Fee O.00 Consultant Form Materials/Supplies O.00 Request for Materials and Supplies Form S 345.00 Expense Summary: Cost Fund Building funds Department funds Department funds	Substitute Salary Substitute costs (\$95 per day w/be 0	00 = \$ 0.00 95.00 Total 0.00	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
Consultant Fee O.00 Consultant Form Materials/Supplies O.00 Request for Materials and Supplies Form S 345.00 Expense Summary: Cost Fund Activity: Approved Not approved Not approved Department funds	Substitute Salary Substitute costs (\$95 per day w/be 0	0.00 = \$ 0.00 95.00 Total 0.00 0.00 0.00 (1-15.00 pain	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 registrat
Materials/Supplies O.00 Request for Materials and Supplies Form \$ 345.00 Expense Summary: Cost Fund Activity: Approved Not approved Not approved Department funds	Substitute Salary Substitute costs (\$95 per day w/be 0	0.00 = \$ 0.00 95.00 Total 0.00 0.00 0.00 (1-15.00 pain	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 registrat
Sada	Substitute Salary Substitute costs (\$95 per day w/be 0	0.00 = \$ 0.00 95.00 Total 0.00 0.00 0.00 (1-15.00 pain	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 registrat (A .\Travel Request/Reimbursement Form * Please include to make your ow
Sada	Substitute Salary Substitute costs (\$95 per day w/be 0 X 0 X 95. # of subs # of days \$5 Staff compensation Stipend (\$25 per hour w/benefits) Purchased Services Airfare (total \$) Registration* (Total amount) Lodging** (Total amount)	0.00 = \$ 0.00 95.00 Total 0.00 0.00 0.00 345.00 0.00	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 registrations.
Expense Summary: Cost Fund Activity: Approved Not approved Department funds	Substitute Salary Substitute costs (\$95 per day w/be 0 X 0 X 95. # of subs # of days \$5 Staff compensation Stipend (\$25 per hour w/benefits) Purchased Services Airfare (total \$) Registration* (Total amount) Lodging** (Total amount) Consultant Fee	0.00 = \$ 0.00 95.00 Total 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	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 registrations. Travel Request/Reimbursement Form * * * * You will need to make your own hotel reservations. Consultant Form
Expense Summary: Cost Fund Activity: Approved Not approved Department funds	Substitute Salary Substitute costs (\$95 per day w/be 0 X 0 X 95. # of subs # of days \$5 Staff compensation Stipend (\$25 per hour w/benefits) Purchased Services Airfare (total \$) Registration* (Total amount) Lodging** (Total amount) Consultant Fee	0.00 = \$ 0.00 95.00 Total 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	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 registrate and the separate time sheet must be submitted for each participant)
Expense Summary: Cost Fund Approved Not approved	Substitute Salary Substitute costs (\$95 per day w/be 0 X 0 X 95. # of subs # of days \$5 Staff compensation Stipend (\$25 per hour w/benefits) Purchased Services Airfare (total \$) Registration* (Total amount) Lodging** (Total amount) Consultant Fee Materials/Supplies	0.00 = \$ 0.00 95.00 Total 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	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 registrations. Travel Request/Reimbursement Form * * * * You will need to make your own hotel reservations. Consultant Form
Not approved Building funds Department funds	Substitute Salary Substitute costs (\$95 per day w/be 0 X 0 X 95. # of subs # of days \$5 Staff compensation Stipend (\$25 per hour w/benefits) Purchased Services Airfare (total \$) Registration* (Total amount) Lodging** (Total amount) Consultant Fee Materials/Supplies	0.00 = \$ 0.00 95.00 Total 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	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 registrations. Travel Request/Reimbursement Form **You will need to make your own hotel reservations. Consultant Form Request for Materials and Supplies Form
Building funds Department funds	Substitute Salary Substitute costs (\$95 per day w/be 0	0.00 = \$0.00 95.00 Total 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	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 registrations. Travel Request/Reimbursement Form **You will need to make your own hotel reservations. Consultant Form Request for Materials and Supplies Form
Department funds	Substitute Salary Substitute costs (\$95 per day w/be 0	0.00 = \$0.00 95.00 Total 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	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 registrat Travel Request/Reimbursement Form * Please include copy of registrat Travel Request/Reimbursement Form * Please include to make your ow hotel reservations. Consultant Form Request for Materials and Supplies Form
Department funds	Substitute Salary Substitute costs (\$95 per day w/be 0 x 0 x 95. # of subs # of days \$5 Staff compensation Stipend (\$25 per hour w/benefits) Purchased Services Airfare (total \$) Registration* (Total amount) Lodging** (Total amount) Consultant Fee Materials/Supplies Grand Total:	0.00 = \$0.00 95.00 Total 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	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 registrate to the reservations. Consultant Form Request for Materials and Supplies Form Activity: Approved
7-20-1	Substitute Salary Substitute costs (\$95 per day w/be 0 x 0 x 95. # of subs # of days \$5 Staff compensation Stipend (\$25 per hour w/benefits) Purchased Services Airfare (total \$) Registration* (Total amount) Lodging** (Total amount) Consultant Fee Materials/Supplies Grand Total:	0.00 = \$0.00 0.00	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 registrations. Travel Request/Reimbursement Form * * * * * * * * * * * * * * * * * * *
11/7/ D Special Projects I Dr. Elizabetii Savidke	Substitute Salary Substitute costs (\$95 per day w/be 0 x 0 x 95. # of subs # of days \$5 Staff compensation Stipend (\$25 per hour w/benefits) Purchased Services Airfare (total \$) Registration* (Total amount) Lodging** (Total amount) Consultant Fee Materials/Supplies Grand Total:	0.00 = \$ 0.00 95.00 Total 0.00 0.00 0.00 0.00 0.00 0.00 0.00 5345.00 54 0.00 St Fund 145 Building funds	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 registrations. Travel Request/Reimbursement Form * Please include copy of registrations. Consultant Form Request for Materials and Supplies Form Activity:

Building Name: Blackburn Elementary Activity Date: April 16-19,2015
Please provide a brief description of your building activity including your plan for sharing. Indipresent appropriate harming meterials that support district feethed greats to other stall and for specialists. I will utilize metarials in my daily speach the my daily
will use resources from this activity to develop quality evidence based professional development for district SLPS.
Criteria for High-Quality Professional Development
*Mark all that apply to the activity described above.
Part I: High-quality professional development:
 ✓ actively engages teachers, over time. ✓ is directly linked to improved student learning so that all children may meet the Show-Me Standards at the proficient level. ✓ is directly linked to district and building school improvement plans. is developed with extensive participation of teachers, parents, principals, and other administrators. [*Parent participation may be at the CSIP level] ✓ provides time and other resources for learning, practice, and follow-up. ✓ is supported by district and building leadership. ✓ provides teachers with the opportunity to give the district feedback on the effectiveness of participation in this professional development activity. Part II: Some types of activities that might be considered high-quality professional development if the meet the above requirements are: study groups. grade-level collaboration and work. ✓ content-area collaboration and work. ✓ specialization-area collaboration and work. ✓ action research and sharing of findings. ✓ modeling. ✓ peer coaching.
vertical teaming, other
Part III: Topics for high-quality professional development may include: ✓ content knowledge related to standards and classroom instruction. instructional strategies related to content being taught in the classroom. improving classroom management skills. ✓ a combination of content knowledge and content-specific teaching skills. ✓ the integration of academic and vocational education. ✓ research-based instructional strategies. ✓ strategies to assist teachers in providing instruction to children with limited English proficiency to improve their language and academic skills. strategies to assist teachers in creating and using classroom assessments. ✓ instruction in the use of data to inform classroom practice. ✓ instruction in methods of teaching children with special needs, instruction in linking secondary and post-secondary education. ✓ involving families and other stakeholders in improving the learning of all students. ✓ strategies for integrating technology into instruction.
research and strategies for the education and care of preschool children. research and strategies for closing achievement gaps between diverse groups of students. other

Travel Request and Reimbursement Professional Development Activity

Date of Request:	4/16/15-4	1/19/15					
Name Jenna Wise				School Blackbur	n		
Type of Meeting	Missou	rl Speech-Language Hearing As	sociation	<u></u>			
Location	Osage I	Beach, MO					
Departure Date	4/16/15		Return	Date 4/19/15			
Transportation:	Air	Car	Ot	her		-	
Reimbursement S	ource:	Building				%	
	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	District Special	Projects	·	00.00	_ ···	
		State/Grant		•		· · %	
		Other		· <u></u>		_ ^ _ %	
Activity #				Request is:	<u>-</u>	Approved Not Approved	
L	·····	J		Dr.	Beth S	Savidge	
		Applicatio	n for R	eimbursemei	1t		
		*Submit <u>prior</u> to activity.		*Resubmit with	eceipts :	after activity.	
Transportation(.	185 per mil	Estimate of Expenses		unt Paid By ct P.O./Card	_ _	Actual Expense for Reimbursement	<u> </u>
Registration Meals		\$ 30.00			- -		`
Lodging Other Expenses		\$ 345.00		· · · · · · · · · · · · · · · · · · ·	- - -		- -
					- -		_
Subtota	a l	\$ 540.00		\$ 0.00	- - - -	\$ 0.00	_ _
	have at	rrect statement of my exp tached receipts for all exp	enses in enditure	transacting aut s in which I am	horized		the period
Expenditures char Approval:	•	ccount: # xpenses are approved for	navment	in the amount	of S		,
Approvat: Superintendent:	1 1108C 6	rhenses are abbroaca for	hay ittettt	m me mnount	Λτ φ	 	

Please make a copy of this completed form for your records.

Winning Together: The Power of Us! **Attend MSHA 2015!**

Dear Colleagues: .

Our 2015 MSHA Convention Planning Team's goal was to put together a winning line-up of knowledgeable and inspirational speakers whose names and topics were chosen from the powerful suggestions you shared with us at last year's Convention.

We hope to make this an outstanding Convention with many opportunities for learning, growth and networking.

We will begin Thursday evening with a few Pre-Convention sessions. The first session will be the Third Annual Round Robin, featuring a variety of different topics for all work settings, which will be followed by "Ask MSHA". Two CEUs can be earned from attending both sessions before the Convention officially begins!

While picking up your Convention packet, you will want to check out the MSHA Cares table. All proceeds from this year's fundraising will be supporting the Special Olympics. Find out all the ways you can support and make a difference in the lives of those who participate in this wonderful event.

Be sure to preregister for your Friday lunch, which will be served in the Exhibit Hall, and don't miss out on breakfast offered both Saturday and Sunday.

You won't need to leave Tan-Tar-A to shop! The Exhibit Hall will open its doors Friday morning at 10:00 am and will host the Silent Auction which will be open throughout the day. Enjoy bidding for items knowing that the proceeds go to support the Student Scholarship Fund. Also in the Exhibit Hall, our exhibitors will be offering a variety of professional and personal items that you will definitely want to check out!

Make sure to preregister for the President's Luncheon where we are honored to have Brad Fritz, a young man who experienced a TBI, share a powerful message through the use of his AAC device.

Don't miss the exciting Quest for the Cup which will take place on Saturday evening with a Tailgate Party occurring before the Quest! Thank you, once again, to EBS for their continued sponsorship of the Quest event highlighting our graduate students' knowledge. You will have an exciting evening cheering on your alma mater while gaining an additional CEU in the process.

See you at the 2015 MSHA Convention in April i

llene Elmlinger, CPT Chair Leanna Lawrence, CPT Co-Chair



Recipient 2015: The Special Olympics of Missouri

Sara Hines, Special Events Chair

Please plan to join MSHA in supporting our 2015 MSHA Cares Special Project, the Special Olympics of Missouril The Special Olympics transforms lives through sports. They are the world's largest sports organization, with nearly four million athletes in more than 170 countries, and over 17,000 in Missouril Through the power of sports, people with intellectual disabilities are able to discover new strengths and abilities. They also inspire people in their communities to open their hearts to a wider world of human talents and potential.

For 40 years, the Special Olympics has been spreading the message that people with Intellectual disabilities can—and will—succeed when given the chance. Along with



other activities, fundraising efforts at the Convention will include lanyards for sale. Stay tuned for more fundraising activities! Thank you in advance for your support of this year's Special Project!