## **Professional Development Activity Request**

ty Request submitted by: Kristina (name)	(school)
ty aligns with:	
District CSIP Goal:	
X Building SIP Goat: ELA Standard 1.1, Math :	2.2
Duranting Str. Goal.	
ty Focus Area(s):	
X Literacy X Curriculum	Technology
X At-risk Mathematics	Instructional Strategies/Improvement
ng Source(s):	Approved by: (Both the PD rep and principal <u>must</u> sign)
Building	Bldg. PD rep
Department Dept. name Special Projects (District PD funds)	Bldg principal
special Projects (District PD funds)	
**************************************	***************
<u>Professiona</u>	l Development Activity Description
1	
me of activity and briefly describe: Substor, steachers to	attend a 2 day Leader in Me Symposium in St. Louis on February 3-4, 2015.
on St. Louis	Date of activity February 3-4, 2015
	· · · · · · · · · · · · · · · · · · ·
pant names Key Jones, Glna McCaulley, Stacy Marquardt, kristina	Teel, Cally Small, Martha Vaughn, Susan Keefe, Kelsey Wydendorf, jennifer Theen
	Teel, Cally Small, Martha Vaughn, Susan Keefe, Kelsey Wydendorf, Jennifer Theen
	Teel, Cally Small, Martha Vaughn, Susan Keefe, Kelsey Wydendorf, Jennifer Theen
	Teel, Cally Small, Martha Vaughn, Susan Keefe, Kelsey Wydendorf, Jennifer Theen
Substitute Salary	Teel, Cally Small, Martha Vaughn, Susan Keefe, Kelsey Wydendorf, Jennifer Theen  Required Forms (Must be attached to this request)  Authorized Leave Form *
Substitute Salary Substitute costs (\$95 per day w/benefits)  x 2 x 95.00 = \$1,740.0	Required Forms (Must be attached to this request)  Authorized Leave Form *  (A separate form must be completed for each participant)
Substitute Salary	Required Forms (Must be attached to this request)  Authorized Leave Form *  (A separate form must be completed for each participant)
Substitute Salary Substitute costs (\$95 per day w/benefits)  x 2 x 95.00 = \$1,740.0	Required Forms (Must be attached to this request)  Authorized Leave Form *  (A separate form must be completed for each participant)
Substitute Salary Substitute costs (\$95 per day w/benefits)  X 2 X 95.00 = \$1,740.0 # of subs # of days \$95.00 Tot	Required Forms (Must be attached to this request)  Authorized Leave Form *  (A separate form must be completed for each participant)
Substitute Salary Substitute costs (\$95 per day w/benefits)  X 2 X 95.00 = \$1,700.0  # of subs # of days \$95.00 Tot  Staff compensation Stipend (\$25 per hour w/benefits)	Required Forms (Must be attached to this request)  Authorized Leave Form *  (A separate form must be completed for each participant)  Time Sheet
Substitute Salary Substitute costs (\$95 per day w/benefits)  X 2 X 95.00 = \$1.740.0 # of subs # of days \$95.00 Tot  Staff compensation Stipend (\$25 per hour w/benefits)  Purchased Services	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)
Substitute Salary Substitute costs (\$95 per day w/benefits)  X 2 X 95.00 = \$1,700.0  # of subs # of days \$95.00 Tot  Staff compensation Stipend (\$25 per hour w/benefits)	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
Substitute Salary Substitute costs (\$95 per day w/benefits)  X 2 X 95.00 = \$1,740.0 # of subs # of days \$95.00 Tot  Staff compensation Stipend (\$25 per hour w/benefits)  Purchased Services Airfare (total \$)	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 registral
Substitute Salary Substitute costs (\$95 per day w/benefits)  X 2 X 95.00 = \$1,740.0 # of subs # of days \$95.00 Tot  Staff compensation Stipend (\$25 per hour w/benefits)  Purchased Services Airfare (total \$) Registration* (Total amount)	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 registral
Substitute Salary Substitute costs (\$95 per day w/benefits)  X 2 X 95.00 = \$1,740.0 # of subs # of days \$95.00 Tot  Staff compensation Stipend (\$25 per hour w/benefits)  Purchased Services Airfare (total \$) Registration* (Total amount)	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 * Please include copy of registrat  Travel Request/Reimbursement Form * Please include copy of registrat  Travel Request/Reimbursement Form * Please include to make your ow
Substitute Salary Substitute costs (\$95 per day w/benefits)  X 2 X 95.00 = \$1,740.0 # of subs # of days \$95.00 Tot  Staff compensation Stipend (\$25 per hour w/benefits)  Purchased Services Airfare (total \$) Registration* (Total amount) Lodging** (Total amount)  Consultant Fee	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 registral  Travel Request/Reimbursement Form * Please include copy of registral  Travel Request/Reimbursement Form * Please include copy of registral  Travel Request/Reimbursement Form * Please include copy of registral  Travel Request/Reimbursement Form * Please include copy of registral  Travel Request/Reimbursement Form * Please include copy of registral  Travel Request/Reimbursement Form * Please include copy of registral
Substitute Salary Substitute Costs (\$95 per day w/benefits)  X 2 X 95.00 = \$1,70.0  # of subs # of days \$95.00 Tot  Staff compensation Stipend (\$25 per hour w/benefits)  Purchased Services Airfare (total \$) Registration* (Total amount) Lodging** (Total amount)  Consultant Fee  Materials/Supplies	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 registral Travel Request/Reimbursement Form ** Please include to make your ow hotel reservations.
Substitute Salary Substitute costs (\$95 per day w/benefits)  X 2 X 95.00 = \$1,740.0 # of subs # of days \$95.00 Tot  Staff compensation Stipend (\$25 per hour w/benefits)  Purchased Services Airfare (total \$) Registration* (Total amount) Lodging** (Total amount)  Consultant Fee	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 registral  Travel Request/Reimbursement Form * Please include copy of registral  Travel Request/Reimbursement Form * Please include copy of registral  Travel Request/Reimbursement Form * Please include copy of registral  Travel Request/Reimbursement Form * Please include copy of registral  Travel Request/Reimbursement Form * Please include copy of registral  Travel Request/Reimbursement Form * Please include copy of registral
Substitute Salary Substitute Costs (\$95 per day w/benefits)  X 2 X 95.00 = \$1,740.0 # of subs # of days \$95.00 Tot  Staff compensation Stipend (\$25 per hour w/benefits)  Purchased Services Airfare (total \$) Registration* (Total amount) Lodging** (Total amount)  Consultant Fee  Materials/Supplies	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 registrations.  Consultant Form  Request for Materials and Supplies Form
Substitute Salary Substitute Costs (\$95 per day w/benefits)  X 2 X 95.00 = \$1,740.0 # of subs # of days \$95.00 Tot  Staff compensation Stipend (\$25 per hour w/benefits)  Purchased Services Airfare (total \$) Registration* (Total amount) Lodging** (Total amount)  Consultant Fee  Materials/Supplies	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 registra  Travel Request/Reimbursement Form ** * * * * * * * * * * * * * * * * *
Substitute Salary Substitute costs (\$95 per day w/benefits)  X 2 X 95.00 = \$1,740.0 # of subs # of days \$95.00 Tot  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	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 registral Travel Request/Reimbursement Form **Travel Request for Materials and Supplies Form
Substitute Salary Substitute costs (\$95 per day w/benefits)  X 2 X 95.00 = \$1,740.0 # of subs # of days \$95.00 Tot  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	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 registral Travel Request/Reimbursement Form * Please include to make your ow hotel reservations.  Consultant Form  Request for Materials and Supplies Form  Activity:  Approved  Not approved
Substitute Salary Substitute Costs (\$95 per day w/benefits)  X 2	Required Forms (Must be attached to this request)  Authorized Leave Form *  (A separate form must be completed for each participant)  al  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 copy of registrat  Travel Request/Reimbursement Form * Please include copy of registrat  Travel Request/Reimbursement Form * Please include copy of registrat  Travel Request/Reimbursement Form * Please include copy of registrat  Travel Request/Reimbursement Form * Please include copy of registrat  Travel Request/Reimbursement Form * Please include copy of registrat  Travel Request/Reimbursement Form * Please include copy of registrat  Travel Request/Reimbursement Form * Please include copy of registrat  Travel Request/Reimbursement Form * Please include copy of registrat  Travel Request/Reimbursement Form * Please include copy of registrat  Travel Request/Reimbursement Form * Please include copy of registrat  Travel Request/Reimbursement Form * Please include copy of registrat  Travel Request/Reimbursement Form * Please include copy of registrat  Travel Request/Reimbursement Form * Please include copy of registrat  Travel Request/Reimbursement Form * Please include copy of registrat  Travel Request/Reimbursement Form * Please include copy of registrat  Travel Request/Reimbursement Form * Please include copy of registrat  Travel Request/Reimbursement Form * Please include copy of registrat  Travel Request/Reimbursement Form * Please include copy of registrat  Travel Request/Reimbursement Form * Please include copy of registrat  Travel Request/Reimbursement Form * Please include copy of registrat  Travel Request/Reimbursement Form * Please include copy of registrat  Travel Request/Reimbursement Form * Please include copy of registration * Please include copy of registration * Please

Building Name: ott	Activity Date: February 3-4, 2015	
Please provide a brief description sharing, Teathers will stand a 2 day loader in Ma Symposium	on of your building activity including your plan for m to learn more about implementing the 7 habita into correction. One insubtersions seeds graded level will share back with their grade	
	Criteria for High-Quality Professional Development	
7	*Mark all that apply to the activity described above.	
Part I: High-quality professi	onal development:	
actively engages teachers,	over time.	
is directly linked to impro-	ved student learning so that all children may meet the Show-Me Standards at	
the proficient level.		
	et and building school improvement plans.	
[*Parent participation may be a	ve participation of teachers, parents, principals, and other administrators.	
	sources for learning, practice, and follow-up.	
is supported by district and		
	opportunity to give the district feedback on the effectiveness of participation in t	his professional
development activity.		
¥ #	ctivities that might be considered high-quality professional deve	slopment if they
meet the above requirem	ients are:	
study groups. grade-level collaboration a		
content-area collaboration		
specialization-area collaboration		
action research and sharin		
✓ modeling.	<b>5</b>	
peer coaching.		
vertical teaming.		
other		
Part III: Topics for high	-quality professional development may include:	i e
	l to standards and classroom instruction.	
	ated to content being taught in the classroom.	
<u>✓</u> improving classroom man		
	knowledge and content-specific teaching skills.	·
	ic and vocational education.	
research-based instruction	ial strategies. s in providing instruction to children with limited English proficiency to	•
improve their language an		
	s in creating and using classroom assessments.	
	ata to inform classroom practice.	•
	teaching children with special needs.	•
	ondary and post-secondary education.	
	ner stakeholders in improving the learning of all students.	
	echnology into instruction.	
	the education and care of preschool children.	
	r closing achievement gaps between diverse groups of students.	
other	·	