

*Mercer County Special Services School District
2021-2022*

Workshop/Staff Development/Professional Day Request

Directions: As part of the application process for a Professional Day, this form must be completed in full. Once completed, this form should be forwarded with the brochure related to this conference/training to the Office of the Assistant Superintendent through the administrator of your school/program. **Please retain a copy for your files.**

Note: **ALL PROFESSIONAL DEVELOPMENT REQUESTS NEED TO BE APPROVED PRIOR TO ATTENDING CONFERENCE/WORKSHOP!!** This form is **to be submitted at least 45 days in advance** of the effective date of departure for Board approval.

Staff Member: _____ Date of Request: _____

Program/School/Work Assignment: _____

Dates of Conference/Training: _____ Number of Work Days: _____

Title of Workshop/Conference/Training or Site Visit: _____

PIP Objective: _____

and/or

Building Level Objective: _____

____ Brochure is attached.

Substitute personnel is required for this absence: _____ Yes _____ No

Cost of Registration \$ _____
Staff Member will pay for the workshop/training conference _____ Yes _____ No

Request that MCSSSD make reimbursement for approved amount _____ Yes _____ No

Maximum amount approved by MCSSSD: \$ _____

(For Office Use Only – Account Number _____)

Following written approval: I will prepay and I request that the district reimburse me once I have attended the workshop and handed in all required documentation including the completed **Conference Summary Form**.

Approval: _____ Date _____
Principal

_____ Date _____
Assistant Superintendent

_____ Date _____
Superintendent

_____ Date _____
Business Administrator

Mercer County Special Services School District
Workshop/Inservice/Conference Summary 2021-2022

(Completed form due one week from the date of the conference. Please be sure to note the key issues addressed, relevance to improving instruction and/or operation of the district.)

Staff Name: _____ **School/Program:** _____

Workshop/Conference/Training: _____

Date of Event: _____ **Discipline:** _____

Presenter(s): _____

Summary of Event: _____

How this experience relates to my PIP or the building level objective: _____

How I will share this information with MCSSSD colleagues: _____

_____ I would/would not recommend this training/workshop for an MCSSSD Professional Development Day presentation because _____

Contact Name/Phone # _____

*Please return completed form along with supporting documents to:
Curriculum Office – Attention: Maria Deamer*