

NEW FRONTIERS PUBLIC SCHOOLS

"Texas Exemplary School"

4018 South Presa ★ San Antonio, Texas 78223 ★ (210) 533-3655 ★ Fax (210) 533-5077

REQUEST TO ATTEND WORKSHOP/CONFERENCE

Name of Person Requesting to Attend Position

Professional Development Title: _____

Professional Development Location: _____

Professional Development Date: _____ all day ½ day AM PM

Registration Fee: _____ Mandatory Training: ____ Yes ____ No

Under NCLB professional development must be on-going, sustained, and based on scientifically-based research. (Short term workshops are NOT permitted.) Please enter the following information to support your request.

1. State the district/campus plan objective or strategy addressed by this professional development.
2. List other professional development you have attended this year or will be attending this year which will address the objective or activity cited in #1. Specify date(s).
3. How will you collaborate with other teachers/administrators/parents/peers to extend the knowledge and skills you will receive in this professional development? State the time it will take to accomplish this activity.

Professional Development Request:

Approved Disapproved Date: _____

Approving Administrator's Signature: _____

Vendor: _____
Address: _____
City: _____ State: ____
Zip: _____
Ph# _____
Fax# _____

..... **Office Personnel Use Only**

Substitute required? ____ Yes ____ No AM/PM

Substitute Teacher's Name: _____

Central Administrator Signature _____