

**USD 339-Jefferson County North
Professional Development Activity Request**

Name _____ Building _____

Name of Workshop/Activity _____

Location of Activity _____ Date of Activity _____

Which goals from your PDP will this activity support? _____

Sponsoring Organization: (e.g. Keystone, Clearwater, Greenbush)

Attach copy of activity program or description.

Is this activity : _____ Content Knowledge or _____ Professional Education

What knowledge or skills do you hope to acquire from this activity?

Level of implementation anticipated? ___ Knowledge ___ Application ___ Impact

Hours involved in workshop? _____ Dates substitute is needed: _____

School vehicle needed? yes / no _____

Cost: _____ registration _____ lodging _____ meals _____ **Total**

Principal approval

Yes _____ No _____	Reason
principal signature	date

Superintendent approval

Yes _____ No _____	Reason
superintendent signature	date

Be sure to also complete a leave request if a substitute is needed and a school vehicle request if desired.