

**POLK SCHOOL DISTRICT OFFICE OF THE SUPERINTENDENT
PROFESSIONAL LEARNING REQUEST**

PSD Activity# _____

All professional learning request must be approved in advance. Send this completed form (with your principal's signature) and Conference registration to the Professional Learning Coordinator or Program Director at least 10 days prior to the activity. Request turned in "after" the activity will not be honored and expenses incurred (travel, lodging, conference fee and substitute costs) will not be reimbursed,

Date: _____ Name: _____ Home Phone: _____ SS# _____ (last 4 digits) _____
 Home Address: _____
 School: _____ Current Position/Grade: _____

WORKSHOP/CONFERENCE/ACTIVITY INFORMATION:

Name of Workshop/Conference/Activity: _____

Sponsoring Agency: _____ Location: _____ Date(s): _____ Time: _____ PLU Credit: _____

Does this activity directly address the current School Improvement Plan for this location? Yes _____ No _____

If so, which goal and how will it assist the school in meeting the goal: _____

Principal's Signature: _____ Yes _____ No _____

Professional Learning Director: _____ Yes _____ No _____

Program director (If applicable: Title I, PreK, Sp./Psy) _____ Yes _____ No _____

ESTIMATED COST: (Reimbursement may be subject to a limit based upon availability of funds)

Travel (.58 per mile)\$ Meals---B \$6.00.....L \$7.00...D \$15.00\$ (High Cost Areas) B \$7.00...L \$9.00...D \$20.00 \$

Lodging.....\$ Conference Fee.....\$ Substitute (#days__ X \$68.00/day).....\$ TOTAL ESTIMATED COST.....\$ _____

Check the area of assessed need that will be addressed in this activity (CHECK ONE)

- (1) Specific needs identified through GTEP School or system Improvement Plan Individual Improvement Plan
 (2) Fields(s) of Certification State/Federal Requirements

Identify the Student Learning Goals this Workshop will address: _____

Describe the instructional benefits that you expect to gain from this activity: _____

How do you plan to share this activity experience with your peers upon your return? _____

NOTE: PLU's shall be earned by an individual only in the following four categories: (1) Field(s) of Certification; (2) School/System/Individualized Improvement Plan; (3) Annual Personal Evaluation; and (4) State/Federal Requirement 160-3-3-04 (GAD).

OFFICE USE ONLY

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|---|--|--|-------------------------------|
| <input type="checkbox"/> Code A – QBE Prof. Learning | <input type="checkbox"/> Code E – IDEA-Federal Sp. Ed. | <input type="checkbox"/> Code L – Migrant IC | <input type="checkbox"/> 2210 |
| <input type="checkbox"/> Code B – Title IIA | <input type="checkbox"/> Code G – CTAE | <input type="checkbox"/> Code M – Title IIIA | |
| <input type="checkbox"/> Code C – Title I School Professional Development | <input type="checkbox"/> Code H – Pre-K | <input type="checkbox"/> Code Q – Title VI-B Rural/Low | <input type="checkbox"/> 2213 |