

IRVINGTON PUBLIC SCHOOLS

CONFERENCE REQUEST FORM

This form must be typed and sent to the Office of Staff Development
at least ONE MONTH prior to the conference.

Name:

Location/Building:

Teaching/District Assignment:

Date of Application:

Conference/Workshop Title:

Date(s) of Conference/Workshop:

Location of Conference/Workshop:

Venue:

City/State:

Discipline(s):

Grade Levels Addressed:

Goal and Objectives:

▪ What are the expected outcomes?

▪ Where will you turnkey the information or knowledge from the conference/workshop to your targeted audience?

☐ Faculty Meetings

☐ Grade Level/ Department Meetings

☐ District In-service

☐ Other (please specify) _____

▪ Specify grade level, target audience, and turnkey date.

Grade Level _____

Audience _____

Turnkey Date _____

How will this conference/workshop enhance teaching performance with the purpose being "improving academic achievement"?

List *Only* major Professional Development Standards impacted:

Conference/Workshop Fee (if any): \$ _____ Account #: _____

Signature _____
Employee

Signature _____
Principal/Supervisor

All supporting conference/ workshop materials must be attached for request to be considered.

Central Office Use Only

☐ APPROVED

BOE Approval Date _____

☐ NOT APPROVED

Comments :

Date : _____

Director of Curriculum and Instruction

Assistant Superintendent for Curriculum and Instruction

Superintendent