

TQC Professional Conference/Workshop Application

Staff Member _____ Grade/Subject Taught _____

Title of Conference or Workshop _____

Conference Date _____

Location _____

Sponsor _____

Total Cost _____

Iowa Teaching Standard(s) Addressed _____

Durant Community School CSIP Goal(s) Addressed _____

Individual Teacher Career Development Plan Goal (s) Addressed

Please include with your application the following completed forms which are located in both the elementary/middle school and high school offices:

_____ Transportation Request Form

_____ Professional Leave Form

_____ Purchase Order

Approved _____ Denied _____

Reason for Denial _____

Building Principal

TQC-Chair

Superintendent

Upon returning from your conference please submit the attached summary form to the TQC Chairperson within ten days.

TQC Professional Conference/Workshop Summary

Teacher's Name _____ Grade/Subject Area Taught _____

1.) Describe the meetings/sessions you attended.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

2.) How do you plan to use what you have learned in your classroom and how this might impact student achievement?

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