

Keota Community School District Request for District or Building Level Professional Development

Name _____ Date _____ Elementary Secondary

Collaborators (If any) _____

Current district professional development focus _____

Research-based, district/building level professional development being applied for

Professional development being applied for meets the following CSIP goal(s). Check as many as apply:

- Keota students will achieve at high levels in reading, math and science.
- Keota students will achieve high levels of competence in the use of technology.
- Keota students will be prepared for post high school education &/or employment.
- Keota students will feel safe and connected to school and community.

Briefly explain how P.D. being applied for meets the specific needs of your teaching assignment

Briefly explain how you plan to implement your learning (Describe unit or lesson plans, etc.)

Explain how you will assess the impact your learning has on student achievement (ie: Iowa Tests, MAP, BRI, etc.) _____

COST:	Course registration	_____
	Materials	_____
	Substitute	_____
	Mileage _____ x 42¢/mile=	_____
	Collaboration time _____ x \$20/day=	_____ (Maximum 5 days)
	Total request	_____
<input type="checkbox"/>	Request is for course work to be taken*	Dates _____
<input type="checkbox"/>	Request is for course work already completed**	Dates _____

- Attach receipts for expenses.
- Attach purchase order*
- Attach transcript**
- Requests w/o accompanying receipts will not be funded.
- Submit an Expense Reimbursement form for reimbursement for lodging and meals.

Approved Amount _____ Not approved More information needed

Teacher signature

Administrator signature