

**REQUESTS SHOULD BE SUBMITTED TO THE VICE-PRINCIPAL  
AT LEAST ONE MONTH IN ADVANCE**

**Application to Attend a Professional Development Workshop**

Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

School: \_\_\_\_\_ Grade/Subject Area: \_\_\_\_\_

Date(s) of the Workshop: \_\_\_\_\_ Name of Workshop: \_\_\_\_\_

Location of the Workshop: Monroe Twp. \_\_\_ ETTC \_\_\_ Prof. Dev. Academy \_\_\_\_\_

\* Other (List Name and Location of Provider): \_\_\_\_\_

\* Will Other Provider Accept a School Purchase Order? \_\_\_\_\_ Cost: \_\_\_\_\_

Does the workshop relate to implementing the CCCS, the identified district goals, your Professional Growth Plan? \_\_\_\_\_

In what way does it relate? \_\_\_\_\_

Was it..... Self-Initiated? \_\_\_\_\_ Supervisor/Administrator Initiated? \_\_\_\_\_

Is a substitute required? \_\_\_\_\_ (You MUST phone the Substitute Caller.)

\_\_\_\_\_  
Signature of the Applicant

-----  
Name \_\_\_\_\_ School \_\_\_\_\_

Workshop Name \_\_\_\_\_ Workshop Date \_\_\_\_\_

\_\_\_\_\_  
Signature of the Vice-Principal

\_\_\_\_\_  
Signature of the Principal

\_\_\_\_\_  
Signature of the Superintendent

\_\_\_\_\_  
Cost of Workshop, if Applicable

Approved \_\_\_\_\_

Denied \_\_\_\_\_

**\* The applicant MUST find out if the in-service provider accepts a school purchase order.  
This applies to any out-of-district in-service other than those provided by  
Monroe Twp., the ETTC, or the Professional Development Academy.**