

Title I PD Conference Request

Please complete all fields below. Please be aware of potential impact on staff coverage if traveling during school year.

Name of Conference:

Conference link:

Is the conference offered virtually?

Yes No

Dates of Conference:

City and State Conference taking place:

Name of employees planning to attend this conference (limit 2-3 staff to attend at one time while school is in session.)

Full Name

Job Title

- | | | |
|----|----------------------|----------------------|
| 1. | <input type="text"/> | <input type="text"/> |
| 2. | <input type="text"/> | <input type="text"/> |
| 3. | <input type="text"/> | <input type="text"/> |

Please explain how this PD Conference supports SPP/CIP/Department goals:

School Administrator/
Coordinator Signature

Date

If Associate Chief/Department Director approves this request, please sign below.

Associate Chief/Department
Director Signature

Date