

# PROFESSIONAL DEVELOPMENT APPLICATION

**PURPOSE:** To provide staff the opportunity to select professional development activities.

**FOCUS:** Proposals may request funds for workshops, conferences, school visitations, or curriculum work. Activities that are designed to strengthen assigned content area or that are aligned with district goals, action plans, standards, assessment, data analysis, and/or instructional strategies will be given priority.

**ELIGIBILITY:** All Canton staff whose major focus is working with students in the classroom are eligible for professional development activities. Applications must be completed and approved **prior** to attending the professional development activity.

**AWARDS:** Applications may be fully or partially granted based upon the completion of the appropriate procedures, the availability of funds, the focus of the activity, and the applicant's prior awards. Applications may be paid by the district ahead of time whereas some may require the applicant to pay the expenses and submit receipts for reimbursement.

ALL APPLICANTS, BY ACCEPTING DISTRICT FUNDS FOR PROFESSIONAL DEVELOPMENT, MUST AGREE TO PRESENT OR SHARE WITH APPROPRIATE STAFF MEMBERS AFTER RETURNING FROM AN ACTIVITY. THIS WILL BE ARRANGED WITH THE BUILDING PRINCIPAL AND/OR SUPERINTENDENT.

## **PROCEDURE:**

**Step 1:** Complete the application form and obtain the principal's signature.

**Step 2:** Forward the completed application to the Superintendent by the appropriate deadline. A copy of the application will be returned to you within two weeks of the application deadline along with notification of approval/rejection. Application received after the deadline will be considered if funds are still available.

**Step 3:** Attend the activity and complete the planned follow-up, which has been mutually agreed upon between recipient and principal.

**Step 4:** Obtain the principal's signature for the follow-up activity and return this application form and **all receipts** to the Superintendent to request the reimbursement you have been awarded. **This must be accomplished within one month of the date of the workshop, conference, or school visitation or the reimbursement will be forfeited.**

Name of Applicant: \_\_\_\_\_ Building: \_\_\_\_\_

Activity Requested: \_\_\_\_\_

Activity Location & Dates: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Please be specific and itemize the expenses for which you are requesting reimbursement (registration, travel, meals, hotel, etc.) Also, please indicate which expenses you would be willing to cover if the district can only award a partial grant. **PLEASE ATTACH A COPY OF THE BROCHURE OR DESCRIBE THE ACTIVITY.**

**EXPLAIN THE FOCUS AND PURPOSE OF YOUR REQUEST:**

Include how you anticipate this experience will enhance your content area or how it correlates with the mission of our district, district goals, action plans, standards, curriculum, instruction, assessment, data analysis, and/or your Personal Learning Goals.

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**DESCRIPTION AND PROPOSED DATE OF FOLLOW-UP ACTIVITY:**

*(To be determined with your principal and/or Superintendent)*

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**PRINCIPAL'S SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(Required prior to processing your application)*

**FOR ADMINISTRATION OFFICE USE**

**Date received:** \_\_\_\_\_ **Request:**  Approved  Denied  
**Reason If Denied:** \_\_\_\_\_

**Amount Approved:** \_\_\_\_\_

**Signature of Superintendent:** \_\_\_\_\_

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**Date of Follow-Up Activity:** \_\_\_\_\_ **Receipts Received:** \_\_\_\_\_

**Forwarded to Business Office:** \_\_\_\_\_ **By:** \_\_\_\_\_

**PRINCIPAL'S SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(Indicating COMPLETION of the follow-up activity.)*