



Professional Development Workshop Proposal

Staff Member: _____

Date: _____

School Site: _____

Ext: _____

Proposed Topic: _____

How does this benefit faculty and/or staff: _____

(If more room is needed attach a separate page)

What mission statement are you addressing: _____

(If more room is needed attach a separate page)

Please return this form to Tammy Pires, District Office.

Office use only

Reviewed by Staff Development Committee: _____

Approved on: _____

Committee Feedback: _____

Presentation needs: _____

Presentation Date: _____

Time: _____

Location: _____

Stipend Amount: \$ _____

Stipend Approved on: _____

Account Code: _____

Administrator: _____

Signature

Date