

## Nantucket Public Schools Professional Development Approval Form

|              |                |                  |
|--------------|----------------|------------------|
| <b>Name:</b> | <b>School:</b> | <b>Position:</b> |
|--------------|----------------|------------------|

|   |  |  |
|---|--|--|
| <b>Please check one of the following:</b> | Attend a workshop, conference or meeting |  |
|   | Conduct/teach a workshop or course       |  |
|   | Develop/present a project/unit           |  |
|   | Other                                    |  |

| Title/Type of Activity* | Date(s): | Location |
|-------------------------|----------|----------|
|                         |          |          |

\*Describe in detail. Attach flyer, brochure or other informational materials to this form

| Cost* (please enter \$ amount under those that apply) |        |                 |                 |
|---|--------|-----------------|-----------------|
| Registration  | Travel | Other (explain) | Total Requested |
|   |        |                 |                 |

\*If traveling off-island you will also need to fill out a Travel Request Form

|   |  |
|---|--|
| Will you be submitting a reimbursement form? Y/N                              |  |
| Does this course relate to your Educational Plan? Y/N<br>If yes, how?         |  |
| Does this course relate to the school and district goals? Y/N<br>If yes, how? |  |

|                               |       |                   |
|-------------------------------|-------|-------------------|
| Applicant Signature:          | Date: | Amount Requested: |
| Building Principal Signature: | Date: | Amount Approved:  |

| Funds Requested From: (to be completed by building administrator) |        |                 |       |
|---|--------|-----------------|-------|
| District  | School | Grant (Specify) | Other |
|   |        |                 |       |

|                     |       |                   |
|---------------------|-------|-------------------|
| Director Signature: | Date: | Amount Requested: |
|---------------------|-------|-------------------|

|                           |       |                       |
|---------------------------|-------|-----------------------|
| Superintendent Signature: | Date: | Approved/Not Approved |
|---------------------------|-------|-----------------------|

|                  |
|------------------|
| Amount Approved: |
|------------------|