

Nantucket Public Schools Professional Development Approval Form

Name:	School:	Position:
--------------	----------------	------------------

Please check one of the following:	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 If yes, how?	
Does this course relate to the school and district goals? Y/N If yes, how?	

Applicant Signature:	Date:	Amount Requested:
Building Principal Signature:	Date:	Amount Requested:

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:
