

Professional Development Travel and Work Release Request Form

Name: Jill
Date of Request : 08/24/2018
Supervisor: Donna
Event/Course: Individualizing for All Children
Date/s of Event: November 15, 2018
Event Location: Chameleon Community College, Flextown, HI
Presented/Sponsored by: Teacher Support Network

Event description:

Traditionally, teachers have individualized for children identified with special needs. They've been involved in IFSPs and IEPs. This session will focus on the importance of individualizing for all children, as all children have unique skills and needs. Learn how to create learning plans for all the children in your care and make time for implementing them in your classroom. Join teachers from around the region for an engaging session presented by well-known author Taylor T. Chin.

How does this fit in with your annual goals?

One of my performance appraisal goals is to focus equally on all the children in my care (I tend to spend more time with the children who have special needs).

How do you plan to apply what you have learned?

After learning strategies for how to create learning plans and make time to implement them I will try those strategies in my classroom.

How will this experience benefit our organization?

I will be more efficient with my time and the knowledge gained can be shared with other staff.

ANTICIPATED COSTS

Registration Fee: \$20 plus mileage
Material Fee: NA
Mileage: 15 miles roundtrip (\$7.50) with approximately \$4 in tolls
Meals: NA
Flight: NA
Lodging: NA
TOTAL Approximately \$32

Reviewed by: _____
Supervisor Executive Director

Decision: Approved Denied

Professional Development Travel and Work Release Request Form

Name: _____
Date of Request : _____
Supervisor: _____
Event/Course: _____
Date/s of Event: _____
Event Location: _____
Presented/Sponsored by: _____

Event description:

How does this fit in with your annual goals?

How do you plan to apply what you have learned?

How will this experience benefit our organization?

ANTICIPATED COSTS

Registration Fee: _____
Material Fee: _____
Mileage: _____
Meals: _____
Flight: _____
Lodging: _____
TOTAL _____

Reviewed by: _____
Supervisor Executive Director

Decision: Approved Denied