



PROFESSIONAL DEVELOPMENT LEAVE APPROVAL FORM

Employee Name:

School/Department:

Professional Development Activity Title:

Start Date:

End Date:

Location:

Indicate the National Professional Learning Standard(s) this professional development activity aligns to (check all that apply):

This activity makes use of Learning Communities committed to continuous improvement, collective responsibility, and goal alignment.

This activity shared Resources to increase educator knowledge base.

This activity shared Learning Designs to improve knowledge of theories, research, and models of human learning to achieve its intended outcomes.

This activity focused on using Outcomes that increases educator effectiveness and results for all students.

This activity focused on Leadership that develops capacity, advocates, and creates support systems for professional learning.

This activity focused on using Data from a variety of sources to plan, assess, and evaluate professional learning.

This activity focused on sustained Implementation of procedures and practices to promote long-term change.

Please provide a rationale as to how this professional development activity aligns to district goals and impacts instructional and/or operational success.

For Office Use Only

Funding Source:

District Funds

Title I

Title II-A

Title VI-B

Grant

Carl Perkins

Other

Approval:

Supervisor

Date

Federal Programs Director

Date

****Upon approval, please enter the evidence of completion information into your FRONTLINE PD Management System account.****