



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
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Approval:

Supervisor

Date

Federal Programs Dir.

Date

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