



Ashe County Schools Professional Development Request Form

Name: _____

School: _____ Grade Level: _____

Title of Professional Development: _____

Dates: _____

Location: _____

Describe the nature of the professional development or upload a link:

In detail, please describe your goals/expected outcomes for participating in this professional development. Make sure to demonstrate the potential impact attending this PD will have on student achievement in your classroom.

Which strategic plan or school improvement plan goals will be addressed by this professional learning experience?

Substitute pay @ \$ _____ per day Total for sub \$ _____

Total cost of fee for professional development experience \$ _____

Lodging Expenses \$ _____

Food \$ _____

Other Expense \$ _____

Total Expense: _____

**School/district cars are to be used to travel to all professional development experiences. If all cars are reserved and none available, you may drive your POV and keep track of mileage for reimbursement. Note that you will not be reimbursed if you did not attempt to reserve a district or school car per local policy.

Principal/Supervisor approval _____

Date _____

Funding Source _____