Revised: June 2004 Use this form after July 1 , 2004

Submit on pink paper

Inter-Lakes School District

Professional Development Activity Pre-Approval Form

Use prior to starting strategies 1, 7, 10, 11 or 12 only

Name: _____ School: _____ Date submitted: _____

Estimated Clock Hours	
Inclusive Dates	
Location	

Title of activity:

Date of activity:

What goals in your professional growth plan and/or other school/district/SAU goals was this activity designed to meet?

Plan for student learning:

Educator's Signature: _____

Curriculum Coordinator/Principal approval: _____ Date : _____