Revised: June 2004 Use this form after July 1 , 2004
Please use this form to submit individual activities
Submit on yellow paper ***Form #_____***

Inter-Lakes School District
Professional Development Activity Approval Form

Name: _____ School: _____ Date submitted: Circle one November 1, 20
April 1,20

Strategies 1, 7, 10, and 12 require prior approval.

(This form must be completed for all professional development activities. If a staff member needs prior approval for an activity, as indicated in the master plan, Please fill out a prior approval form Upon completion of the activity, he or she will complete this form and submit it to the professional development committee.)

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:

		Hours Applicable to Endorsement		
	Total Hours	1	2	3
Personal Goals				
District Related Goals/Initiatives				

Indicate the number of hours per strategy:					
#1	#2	#3	#4	#5	#6
#7	#8	#9	#10	#11	#12
#13	#14	#15	#16	#17	#18

Educator's Signature: _____