Date of Request:		
Name of Attendee:		
Name of Conference:		
Location of Conference:		
Dates Attending:		
Estimated Cost: *At this time, we are unable to cover hotel and airfare.	Registration & Fees: Room & Board*: Airfare*: TOTAL:	\$N/A \$N/A \$
	ehicle? Yes or No (Circle one e use form to be sent to the D not be reimbursed if school v	rirector of Transportation)
Will you need a substitute to	cover your classes? Yes or No	o (Circle one)
Have you been to a conference	e within a year? Yes or No (C	Circle one)
Please list your latest confere	nce	
Attendee Signature	conference date.	ived at least four weeks before the sed. You must follow the procedure juce.
For office use only:		
Your conference reque	est is denied. Signe	d
	proved in the amount of \$	Building Principal or Supervisor
Approval 1: SignedBuilding I	Principal or Supervisor	
Approval 2: Signed	ndent of Schools	
Budget Code:	Signed	
	School Business A	dministrator
Developed next steps: Signed	Director of Curriculum, Instruction, an	nd Assessment

Justification for Attending the Conference:

1.)	How does	this	conference	align	with you	r professional	growth goals?
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2.) How will	attending this	conference	benefit your	students	and/or	classroom
practices?						

3.) How will attending this conference benefit your colleagues and/or school community?

Plan for Sharing Knowledge to Improve Programming:

*Please note, that you may be required to present at a faculty meeting and/or Board of Education meeting.

4.) How will you share the information gained from this conference with your team or department? (e.g. presentations, training sessions, resources, etc.)

5.) How do you envision applying the knowledge from this conference to improve or enhance our current programming?