

# PROFESSIONAL DEVELOPMENT Flexible Request Plan 2017-18

Teacher's Name \_\_\_\_\_

School's Name \_\_\_\_\_

Building Principal's  
Approval \_\_\_\_\_

District P. D. Coordinator's  
Approval \_\_\_\_\_

Name of program attending (example: Wilderness Trail Institute)

\_\_\_\_\_

Name of session attending \_\_\_\_\_

Dates of program attending

\_\_\_\_\_

(1) How does this flexible PD relate to your professional growth plan/Comprehensive School Improvement Plan?

Give the standard to which this PD applies.

(2) How will it benefit you as a teacher?

PD hours you will receive: \_\_\_\_\_

Is funding required? \_\_\_\_\_ If so, from which fund will PD be paid?\_\_\_

\*Reminder to all teachers attending / selecting approved Flexible PD Programs:

- You will need to return documentation of attendance to your building principal for recording of documentation.
- Submit all paperwork required by your principal.
- You must also share information about this PD experience and how it relates to your teaching.
- Only hours after your regular workday may be counted for required PD hours