

# Hinckley-Finlayson Public Schools Professional Development Request Form

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Name of Training/Workshop: \_\_\_\_\_

Location: \_\_\_\_\_ Date(s) of Training/Workshop: \_\_\_\_\_

**Opportunity will address (check all that apply):**

- Professional Knowledge:** understanding of curriculum, content, and diverse needs of learners.
- Instructional Planning and Practices:** effective methods of planning and instructing in order to engage and meet the needs of all learners.
- Assessment for/of Learning:** methods of collecting and utilizing relevant data to effectively inform and improve instruction, provide effective and timely feedback, and increase student achievement.
- Technology:** providing a culture of innovative technology integration.
- Equity:** increasing awareness and understanding of biases that serve as barriers to achievement and improve instructional practices in order to break down barriers.
- Social/Emotional/Behavior:** understanding of how to meet the varying social, emotional, and behavioral needs of students.
- Other (please explain):** \_\_\_\_\_  
\_\_\_\_\_

**What school and/or district goal(s) does the professional development opportunity align with (use back of sheet if necessary)?**

**How will the learning gained through the PD opportunity be shared with staff? Provide information such as date(s) shared, staff involved, method of delivery, etc. (use back of sheet if necessary).**

**Estimated Expenses:**

Registration .....	\$ _____
Lodging (inc. tax) .....	\$ _____
Meals (\$9/\$12/\$17) .....	\$ _____
Sub cost - \$125/day x ____ .....	\$ _____
Total estimated expenses .....	\$ _____

Please attach workshop/registration information (brochure, flyer, etc.), if available. Submit completed form and workshop information to Anna Cawcutt.