



# Pendleton School District 16R

## Professional Development Request Form

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Kevin Headings, Superintendent

**Please completely fill out this request form. Once completed, submit to your school principal to begin the approval process. Do not begin planning for the professional development, including putting in for leave, until the request has been fully approved.**

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title of Professional Development: \_\_\_\_\_

### Focus Area(s) Selected:

Carefully consider how the PD falls into the listed focus area(s) and check the primary area(s). If none of the listed adequately applies, check "other" and state the focus.

- |   |   |
|---|---|
| <input type="checkbox"/> ELA            | <input type="checkbox"/> Fine Arts                |
| <input type="checkbox"/> Math           | <input type="checkbox"/> Social Emotional/MTSS    |
| <input type="checkbox"/> Science        | <input type="checkbox"/> Assessment/Data Analysis |
| <input type="checkbox"/> Social Studies | <input type="checkbox"/> Other: _____             |
| <input type="checkbox"/> Health/PE      |   |

Date/Duration of PD: \_\_\_\_\_

Will substitute services be required?  Yes  No If yes, how many days: \_\_\_\_\_

Briefly describe the PD requested:

Describe how this request addresses the District Strategic Plan and your building's goals:



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Explain how this addresses the applicant's SLG or Professional goal(s):

How will the new learning be used and monitored? What data source(s) will be analyzed to determine the effectiveness of the skills and strategies learned?

How will this new knowledge be shared with others?

Identify the budget and other resources needed:

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Director of  
Curriculum,  
Instruction and  
Assessment  
Approval:

Will expenses be met through  Building **OR**  District Funds?

\_\_\_\_\_ Date: \_\_\_\_\_