

ST. IGNATIUS COLLEGE PREPARATORY
PROFESSIONAL DEVELOPMENT WORKSHOP & TRAVEL REQUEST

Name _____ **Date Submitted** _____

Briefly describe the conference, workshop, or other professional development activity you wish to attend (include location):

How will this conference or activity contribute to your work? (e.g., curriculum design, instructional methods, content area resources, etc.):

Estimated Costs

Conference/workshop fees: _____

Travel expenses (air, taxi, hotel, food): _____

Dates

Date(s) of conference or workshop: _____

Day(s) substitute would be needed: _____

Department Chair Signature _____

This request is subject to the approval of the Director of Professional Development and the Assistant Principal for Academics.

Paul Molinelli, Director of Professional Development

Date

Carole Nickolai, Assistant Principal for Academics

Date

Funding Source: NCLB ____ Professional Development ____ Other ____