

SCHOOL DISTRICT OF THE CITY OF RIVER ROUGE

CONFERENCE ATTENDANCE / PROFESSIONAL DEVELOPMENT REQUEST

Today's Date: _____

Name of Applicant: _____

Would like to attend: _____
(Name of Conference)

Location: _____

Date(s): _____

Transportation by: _____

Signature of Applicant: _____

RECORD OF PROFESSIONAL DEVELOPMENT

Is this conference Professional Development related? Yes _____ No _____

If yes, Title/Activity: _____

Circle One: Workshop/Conference Coursework Mentoring/Mentored Related to Student Achievement
Highly Qualified Status Virtual Learning Administrator Continuing Education

Purpose/Skill Addressed: _____

Number of Hours Engaged: _____

RECOMMENDATION OF ADMINISTRATOR

Substitute Needed: Yes _____ No _____

If yes, number of days: _____

If yes, specific dates: _____

Charge substitute cost to: _____

Comments: _____

Approved

Disapproved

Signature of Principal/Supervisor (Required)

Initial

Initial

Date

Signature of Project Administrator (If Applicable)

Initial

Initial

Date

Signature of Superintendent

Initial

Initial

Date