

**Kingsley Area Schools** 402 Fenton Street Kingsley, MI 49649 Phone: 231-263-5261 Fax: 231-263-5282 Joshua Rothwell, Superintendent jrothwell@kingsleyschools.org

Brittany Moen, Executive Secretary bmoen@kingsleyschools.org

## PROFESSIONAL DEVELOPMENT REQUEST FORM

Program Title:		Date(s):
Location:	Participant's Name:	
Position:		

It is helpful to focus on what you want to learn before attending any seminar/workshop or presentation. Focusing helps you prepare for learning and prepares a way to evaluate the experience when it is concluded. A short presentation of new and relevant information learned should be shared with the staff in your building after returning.

Please respond to the following:

1. What do you expect to learn at this conference session/workshop?

2. How does this experience fit into your curricular area?

Anticipated Expense	es: Registration: \$	Meals: \$	Lodging: \$	_
Travel:	(Miles @ \$.655)			
(Applicant must use	school car if available	e) School Vehicle   Per	rsonal Vehicle   Other	
Airfare: \$	Other: \$	TOTAL: \$		
Approval Process: P	rincipal's Signature: _			

Page 1 Revised 9/18/23

## Administration Only:

## \*\*Do not complete this section of the request\*\*

Approval/Disapproval (Circle)
PO#