USD 261 HAYSVILLE SCHOOLS

PROFESSIONAL LEARNING REQUEST FORM

Please use this form to request approval to attend a Learning Center workshop or an out of district learning opportunity! Please submit this form to your administrator as least one month before the event. Completion of this form does not register you for a Learning Center workshop. This form does not need to be submitted for activities occurring outside of your contract. Thank you for investing in yourself via professional learning!

1. Name:
2. Date:
3. Building: Choose a Building
4. Workshop Activity Title:
5. Workshop or Activity Date:
6. Workshop or Activity Location: Choose a Location
7. If you chose "other" on question #6, please give location and website for the activity if applicable.
8. If you chose "other" on question #6, please provide all costs associated with this activity.
9. How do you intend to apply what you learn at work?
10. How will you share or present what you learn with others? Once you share the information, you can take this activity to the "application level" on My Learning Plan.
11. Will your absence require a substitute? Choose an item.

THIS SECTION TO BE COMPLETED BY BUILDING ADMINISTRATOR

Staff Member Is Approved To Attend This Event: Yes No

Administrator Signature:

Date: