

Individual Professional Development Activity GCL-E1

Applicant's Name	Position	School	Date
List Goal Area to be addressed by this conference/activity (Choose 1)			
#1 Student Math Achievement _____	#5 Effective/Efficient Procedures _____		
#2 Student Reading Achievement _____	#6 Data Driven Decisions _____		
#3 Student Writing Achievement _____	#7 Technology _____		
#4 Promoting Social Growth _____	#8 Students at Risk _____		
Conference/Activity selected by:			
Administrative Evaluation _____ District Goal _____ Other (explain) _____			
Title of Conference/Activity for Professional Growth			
Description of Activity	Location	Date(s) of Conference	
Mode of Travel _____ School Vehicle _____ Personal Vehicle (only if school vehicle unavailable) _____ Other	Substitute Required Yes or No	Date(s) Substitute Required	
Estimated Cost for this Conference/Activity		Registration _____ Lodging _____ Meals _____ Mileage _____ Supplies _____ Other _____ Total _____	
Conference/Activity Funding Source (For Central Office Use Only)			
General Fund Code _____ Grant Name _____			

Authorization: _____

Signature of Applicant	Date
_____	_____
Recommended by Principal	Date
_____	_____
Authorized by Central Office	Date
_____	_____