



Fairview Park City School District Professional Development Request Form

Keith Ahearn, Superintendent • Rob Showalter, Treasurer

Please completely fill out this request form. Once completed, submit to your school principal to begin the approval process. Do not begin planning for the professional development until the request has been fully approved.

Applicant's Name: _____ Date: _____

Title of Professional Development: _____

Focus Area(s) Selected:

Carefully consider how the PD falls into the listed focus area(s) and check the primary area(s). If none of the listed adequately applies, check "other" and state the focus.

- | | |
|---|---|
| <input type="checkbox"/> ELA | <input type="checkbox"/> Fine Arts |
| <input type="checkbox"/> Math | <input type="checkbox"/> Social Emotional/MTSS |
| <input type="checkbox"/> Science | <input type="checkbox"/> Assessment/Data Analysis |
| <input type="checkbox"/> Social Studies | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Health/PE | |

Date/Duration of PD: _____

Will substitute services be required? Yes No If yes, how many days: _____

Briefly describe the PD requested:

Describe how this request addresses the District Strategic Plan and your building's goals:



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Explain how this addresses the applicant's IPDP/PGP goal(s):

How will the new learning be used and monitored? What data source(s) will be analyzed to determine the effectiveness of the skills and strategies learned?

How will this new knowledge be shared with others?

Identify the budget and other resources needed:

(Note: If reimbursement from district funds is anticipated, the applicant will have to complete a separate request to the Treasurer's Office).

Teacher Signature: _____ Date: _____

Principal Approval: _____ Date: _____

Will expenses be met through Building **OR** District Funds?

Director,
Teaching and
Learning Approval: _____ Date: _____