



**BERRYVILLE PUBLIC SCHOOL  
PROFESSIONAL DEVELOPMENT REQUEST FORM**

*(This form must be submitted a minimum of 5 working days before training.)*

Name \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

Please answer the following questions:

Is the professional development you seek required?

YES \_\_\_\_\_ NO \_\_\_\_\_

Is the professional development tied to your professional growth plan (PGP)?

YES \_\_\_\_\_ NO \_\_\_\_\_

Explain why you desire to attend the above professional development and how it relates to your professional growth plan.

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**Professional Development Title:** \_\_\_\_\_

**Date of PD:** \_\_\_\_\_ **Substitute Required:** YES NO

**Credit Card Required:** YES NO

**Location of PD:** OUR Co-op **Other:** \_\_\_\_\_

**Cost for PD:** \_\_\_\_\_ **Mileage** \_\_\_\_\_ **Hotel** \_\_\_\_\_ **Meals** \_\_\_\_\_

**Travel Form Attached:** YES NO

**Principal Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Curriculum Director Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Superintendent Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

Once signatures are completed, this form will be returned to the building principal to file.