



Professional Development Application

Purpose: To provide staff the opportunity to select professional development activities.

Focus: Proposals may request funds for workshops, conferences, school visitations, or curriculum development. Activities designed to strengthen assigned content areas or align with district goals, action plans, standards, assessments, data analysis, and/or instructional strategies will be given priority.

Eligibility: All Columbia School District staff whose primary focus is working with students in the classroom are eligible for professional development activities. Applications must be completed and approved **30 days prior** to attending the professional development activity.

Awards: Applications may be granted based upon the completion of the appropriate procedures, the availability of funds, the focus of the activity, and the applicant's prior awards. Applications may be paid by the district in advance, whereas some may require the applicant to pay the expenses and submit receipts for reimbursement.

All Applicants: By accepting district funds for professional development, you must agree to present or share the information with appropriate staff members upon returning from the activity. This will be arranged with the building principal and/or superintendent.

PROCEDURE:

Step 1: Complete the application form and obtain the principal's signature.

Step 2: Forward the completed application to the Superintendent by the appropriate deadline. Applications received after the deadline will be considered if funds are still available.

Step 3: Attend the activity and complete the planned follow-up, as mutually agreed upon between the recipient and principal.

Step 4: Provide proof of attendance to the SCECHs Coordinator in the Administration Office. This must be accomplished within one month of the workshop, conference, or school visit.

Name of Applicant: _____ Building: _____

Activity Requested: _____

Does the PD host award the SCECHs? Yes **or** No

Activity Location & Dates: _____

Length of PD (Hours)? _____ Amount Requested: _____

Please be specific and itemize the expenses for which you are requesting reimbursement (e.g., registration, travel, meals, hotel, etc.). Also, please indicate which expenses you would be willing to cover if the district can only award a partial grant. **Please attach a copy of the brochure and describe the activity in detail.**

Explain the focus and purpose of your request:

Include how you anticipate this experience will enhance your content area or how it correlates with the Columbia School District's mission, district goals, action plans, standards, curriculum, instruction, assessment, data analysis, and/or your personal learning goals.

Description and the proposed date of follow-up activity:

(To be determined with your principal and/or Superintendent)

Principal's Signature: _____ Date: _____

FOR ADMINISTRATION OFFICE USE

Date received: _____ Request: ☐ Approved ☐ Denied Reason if denied: _____

Amount Approved: _____ Signature of Superintendent: _____

Date of Follow-Up Activity: _____ Principal's Signature: _____