

Faribault Public Schools: 2018-2019 Staff Development Request Form

Name(s): _____ Today's Date: _____

Meeting/Workshop to attend: _____

Location: _____ Date(s): _____

MISSION – The mission of the Faribault Public School District's Professional Development Program is to inspire leadership, promote continual learning, and reflect on effective practices to enhance student achievement through collegially planned learning opportunities.

GOALS – Check all that apply:

- Curriculum** – To provide comprehensive staff development opportunities in all areas that support best practice in curriculum, instruction and assessment. Through-out the curriculum cycle we are aligning outcomes to the state or national standards.
- Academic Progress** – To provide opportunities to learn, apply and analyze various data systems available within the district (MCA, MAPS, DIBELS, etc.) to guide instruction to better meet the needs of all learners.
- Technology** – To provide a culture of innovation to integrate technology into all curricular areas for student outcomes aligned to 21st century skills and beyond.
- Equity and Excellence** – To increase awareness and understanding of biases that serve as barriers to achievement including bullying, mental health and socio-economic status.
- Teacher Growth and Development** – To advance the Faribault Teacher Growth and Development Plan and to continue our probationary teacher mentor model using the Danielson Framework for Effective Teaching, which is designed to enhance the professional practice of all teachers to increase student achievement.

Please itemize estimated expenses:

Registration	\$ _____
Transportation: \$0.58 X _____ miles.....	\$ _____
Lodging (include tax).....	\$ _____
Meals (\$12/\$15/\$25).....	\$ _____
Sub Pay – Teacher Sub - \$116/day x _____.....	\$ _____
Stipend – Explanation: _____	\$ _____
TOTAL	\$ _____

Funds other than Staff Development Used: _____ Signature: _____

A TRAVEL REIMBURSEMENT REQUEST form must be completed and given to your building Staff Development Committee along with all applicable receipts within the month of attending the workshop/conference.

****If approved, how will this information be shared with district staff?***

Provide a brief narrative as to how this workshop will impact or improve student achievement.

FOR COMMITTEE USE ONLY

Principal Signature: _____ **Date:** _____

Approved: _____ **By:** _____ **Date:** _____

Denied: _____ **By:** _____ **Date:** _____

Reason: _____