

# JASPER R-5 OUT-OF-DISTRICT PROFESSIONAL DEVELOPMENT REQUEST

|                               |              |
|-------------------------------|--------------|
| PDC Use Only                  |              |
| Request # _____               |              |
| Approved _____                | Denied _____ |
| PDC Chairman's Initials _____ |              |

## Procedures:

- 1.Fill out this form (at least two weeks prior to any activity when requesting funds) and submit to the building principal for approval. The final deadline to submit this form, including summer months, is April 1st.
- 2.Expenditures that are not allowable for Professional Development funds are listed in the PD Handbook.
- 3.A committee decision will be made based on available funds and alignments to the current PDC goal.
- 4.If approved, the PDC Request for Funds Form will be copied and returned to you. YOU, the teacher or staff member, are responsible for any applicable requisitions, request for sub forms, and a travel expense reimbursement form. (Use WEBLINK if available.) If the request is not approved, reasons will be stated at the bottom of the form.
- 5.Once you have received approval, you are responsible for making any and all substitute/travel/hotel/registration arrangements.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Title of Workshop: \_\_\_\_\_

Location of Workshop: \_\_\_\_\_

Dates of Workshop: \_\_\_\_\_

### Budget

Registration Fee: \_\_\_\_\_

Substitute: \_\_\_\_\_ Days @ \$110/day \_\_\_\_\_ total

Mileage: \_\_\_\_\_ miles roundtrip from Jasper

@ \$.50/mile \_\_\_\_\_ total

Food (if applicable): \_\_\_\_\_

Lodging: \_\_\_\_\_

Total: \_\_\_\_\_

### Check the CSIP Goal(s) which apply to the requested PD activity:

- ☐ CSIP Goal 1: The district average of students scoring in the proficient and advanced categories on state assessments will meet or exceed the state average.
- ☐ CSIP Goal 2: As measured by the I-Ready Reading Assessment, 70% of students in grades K-6 will be reading at or above grade level.
- ☐ CSIP Goal 3: 100% of graduates are college or career ready as measured by the district's core data report.

### Check the Jasper Professional Development targeted area(s) which apply to this activity:

- ☐ Develop and enhance quality educational/instructional programs to improve performance and enable students to meet their personal, academic, and career goals.
- ☐ Strategies to narrow the achievement gap between subgroups-elementary to junior high/high school, Co-teaching.
- ☐ Effective action plans developed, implemented, and assessed by learning communities.
- ☐ Effective standards-based curriculum developed, implemented, and assessed by learning communities.

Teachers Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Principal Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Both signatures must be included to be considered**

# **JASPER R-5 OUT-OF-DISTRICT PROFESSIONAL DEVELOPMENT FOLLOW-UP QUESTIONNAIRE**

Name:\_\_\_\_\_

Date:\_\_\_\_\_

Title of Workshop:\_\_\_\_\_

Location of Workshop:\_\_\_\_\_

Dates of Workshop:\_\_\_\_\_

1.What did you do differently in your classroom following the training?

2. What additional support do you need to continue studying and implementing the concepts and key skills?

3. How did you share your new learning?

4. Would you be willing to present a session about what you learned at this training during a breakout session on a Professional Development workday?

# **JASPER R-5 PROFESSIONAL DEVELOPMENT COMMITTEE STIPEND INCENTIVE FORM**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

☐

**First Year Mentor--\$150 (Paid at the end of the year)**

Name of Protege \_\_\_\_\_

Completed all responsibilities of mentor teacher \_\_\_\_\_

☐

**Second Year Mentor--\$100 (Paid at the end of the year)**

Name of Protege \_\_\_\_\_

Completed all responsibilities of mentor teacher \_\_\_\_\_

☐

**Buddy Teacher--\$75 (Paid at the end of the year)**

Name of new employee \_\_\_\_\_

Completed all responsibilities of buddy teacher \_\_\_\_\_

☐

**Professional Development Committee Chair--\$500 (Paid at the end of the year)**

Name of employee \_\_\_\_\_

☐

**Professional Development Committee Member--\$300 (Paid at the end of the year)**

Name of employee \_\_\_\_\_

**Total Incentive to be paid \_\_\_\_\_**

Administration Signature: \_\_\_\_\_

PDC Chairman's Signature: \_\_\_\_\_

**FORM MUST BE COMPLETED AND SUBMITTED WITH ALL  
REQUIRED SIGNATURES BY APRIL 1**

# **JASPER R-5 PROFESSIONAL DEVELOPMENT TUITION REIMBURSEMENT FORM**

**To be approved, courses MUST be in an area the district has deemed necessary OR be working toward an advanced degree.**

Tuition reimbursement will be a reimburesment of \$500 per year. Satisfactory completeion (grade of C or higher) of course is required for reimbursement.

Name:\_\_\_\_\_

University Attended:\_\_\_\_\_

List the below information from courses taken during the Spring, Summer, and Fall semesters:

| <b>Course Name</b> | <b>Grade</b> | <b>Credit Hours<br/>Earned</b> | <b>Reimbursed<br/>Amount</b> |
|--------------------|--------------|--------------------------------|------------------------------|
|                    |              |                                |                              |
|                    |              |                                |                              |
|                    |              |                                |                              |
|                    |              |                                |                              |
|                    |              |                                |                              |

**Please attach a copy ofthe college transcript and receipt showing amount paid out of pocket to this form.**

All PDC Tuition Reimbursement Request Forms must be submitted by **February 1.**

**Courses completed during the spring semester of the current year will be eligible for tuition reimbursement the following year.**

|                              |        |
|------------------------------|--------|
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# JASPER R-5 PROFESSIONAL DEVELOPMENT TRAVEL EXPENSE REIMBURSEMENT FORM

**To be approved, you MUST attach a copy of the itemized receipts with this form. ALL FORMS MUST BE SUBMITTED BY APRIL 1.**

Name: \_\_\_\_\_

Administration Signature: \_\_\_\_\_

Superintendent Signature: \_\_\_\_\_

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| Date | Destination | Total<br>Miles X<br>.50 | Lodging | Food (if<br>applicable) | Other | Total |
|------|-------------|-------------------------|---------|-------------------------|-------|-------|
|      |             |                         |         |                         |       |       |
|      |             |                         |         |                         |       |       |
|      |             |                         |         |                         |       |       |
|      |             |                         |         |                         |       |       |
|      |             |                         |         |                         |       |       |
|      |             |                         |         |                         |       |       |
|      |             |                         |         |                         |       |       |
|      |             |                         |         |                         |       |       |

Total Funds Requested: \_\_\_\_\_