Postville Community Schools

APPLICATION FOR APPROVED TRAVEL FOR PROFESSIONAL DEVELOPMENT

NAME OF APPLICANT: _____DATE:_____

DATE(S) OF PROPOSED TRIP:_____

DESTINATION:_____

NUMBER OF SCHOOL DAYS INVOLVED: _____

******PLEASE COMPLETE SECTION 2 AND 3. IF THE TRIP IS OVER $750.00 THE BOARD OF EDUCATION WILL HAVE TO APPROVE THE TRIP (ONE MONTH) IN ADVANCE, AND A WRITTEN REPORT SHOULD BE GIVEN TO THE BOARD FOLLOWING THE MEETING.**

EXPENSES:	**REGISTRATION FEE**	**$_____**
	SUBSTITUE FEE	**$_____**
	LODGING	**$_____**
	MILEAGE ($.50/MILE)	**$_____**
	OTHER EXPENSES	**$_____**
	TOTAL	**$_____**

APPROVAL _____
(Building Principal's Signature)

APPROVAL_____
(Superintendent of School's Signature)

Section II: Please fill out this section completely.

1. **Give a brief description of conference or course. Attach any necessary information.**

State how this conference, course or project relates to District, Building, or Individual Career Development Plan (ICPD)?

State desired outcomes for this professional development activity.
What are you going to do with what you learn? How will this activity increase student success?

How will you implementation the information from this opportunity?

Section III: Post-Activity Report:

Please type your responses. If necessary, use additional pages. Thank you.

Provide a short summary of your completed professional development activity.

Assess outcomes of this activity by reflecting on what changes you have or will make in your instruction as a result of what you learned.

How can you share with other colleagues the information you learned during this opportunity?