

West Central School Corporation
Summer Professional Development Request

*“Encourage Every Student Every Day *Engage *Empower *Educate”*

Teacher Name: _____ Building: _____

Summer Professional Development Information:

Date(s): _____ Hours of PD: _____
(Total of six (6) hours)

Location: _____

Type of Delivery: On-line Face-to-Face

Name of PD: _____

Description of PD:

Please circle the appropriate areas of PD:

Curriculum Development Data Analysis Differentiated Instruction

Classroom Management Technology Student Engagement

How will the teacher benefit from the PD:

Will you be willing to present to staff? YES NO

The teacher will provide written information of PD to the building principal within five (5) days of the PD.

Teacher Signature _____ Date _____

Principal Signature _____ Date _____

This form must be approved by the building principal before attending and counting towards the six (6) hours.