

For PL Dept. use only

Date received in PL: _____
Date taken to Business Office: _____
Date emailed to Requestor / Campus: _____

To be completed by Requestor / Campus

Cost: \$ _____ * **If no fee, please indicate N/A** *
Funds: Title I Title II Title III Campus SPED
Other: _____



Aledo Independent School District Professional Learning Request Form

Requestor's Name: _____ Date: _____
Position: _____ Campus: _____

Conference Name: _____
Location: _____ Dates of Attendance: _____ to _____
Webinar: Yes No Training is: ½ day Full day Other: _____

All training for Aledo ISD employees should align with District and Campus goals. All trainings regardless of funding source must be approved. Please allow 10 working days for approval.

Which District Goal Statement(s) will be addressed at this conference? (Check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> LEARNING | <input type="checkbox"/> HUMAN RESOURCES |
| <input type="checkbox"/> SAFETY | <input type="checkbox"/> FINANCIAL/FACILITIES |
| <input type="checkbox"/> PARENTS/COMMUNITY | <input type="checkbox"/> CONTINUOUS IMPROVEMENT |

Who will you share the training with, how, and within what time frame? (Check all that apply.)

Principals Administrators Teachers Other (Specify) _____

Book Study Small group discussion Board meeting presentation
 Faculty staff development Committee/Department meeting
 Other _____

Training will be accomplished by this date: _____

After trainings are presented, agenda and sign in sheet are to be submitted to the Assistant Superintendent of Curriculum & Instruction.

Requestor's Signature Date _____

Principal/Supervisor Signature Date _____ Approved Denied

If denied, keep at campus. If approved, send to Amber Crissey for final approval.

Date _____

Amber Crissey, Assistant Superintendent of Curriculum & Instruction

Updated 10/5/18

Final Approval Denied