

*Mercer County Special Services School District*  
*2020-2021*

***Workshop/Staff Development/Professional Day Request***

**Directions:** As part of the application process for a Professional Day, this form must be completed in full. Once completed, this form should be forwarded with the brochure related to this conference/training to the Office of the Assistant Superintendent through the administrator of your school/program. **Please retain a copy for your files.**

Note: **ALL PROFESSIONAL DEVELOPMENT REQUESTS NEED TO BE APPROVED PRIOR TO ATTENDING CONFERENCE/WORKSHOP!!** This form is **to be submitted at least 45 days in advance** of the effective date of departure for Board approval.

Staff Member: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Program/School/Work Assignment: \_\_\_\_\_

Dates of Conference/Training: \_\_\_\_\_ Number of Work Days: \_\_\_\_\_

Title of Workshop/Conference/Training or Site Visit: \_\_\_\_\_

PIP Objective: \_\_\_\_\_

and/or

Building Level Objective: \_\_\_\_\_

\_\_\_\_\_ Brochure is attached.

Substitute personnel is required for this absence: \_\_\_\_\_ Yes \_\_\_\_\_ No

Cost of Registration \$ \_\_\_\_\_

Staff Member will pay for the workshop/training conference \_\_\_\_\_ Yes \_\_\_\_\_ No

Request that MCSSSD make reimbursement for approved amount \_\_\_\_\_ Yes \_\_\_\_\_ No

Maximum amount approved by MCSSSD: \$ \_\_\_\_\_

**(For Office Use Only – Account Number \_\_\_\_\_)**

**Following written approval:** I will prepay and I request that the district reimburse me once I have attended the workshop and handed in all required documentation including the completed **Conference Summary Form**.

Approval: \_\_\_\_\_

Principal

\_\_\_\_\_

Date

\_\_\_\_\_

Assistant Superintendent

\_\_\_\_\_

Date

\_\_\_\_\_

Superintendent

\_\_\_\_\_

Date

\_\_\_\_\_

Business Administrator

\_\_\_\_\_

Date

**Mercer County Special Services School District**  
**Workshop/Inservice/Conference Summary 2020-2021**

(Completed form due one week from the date of the conference. Please be sure to note the key issues addressed, relevance to improving instruction and/or operation of the district.)

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**Staff Name:** \_\_\_\_\_ **School/Program:** \_\_\_\_\_

**Workshop/Conference/Training:** \_\_\_\_\_

**Date of Event:** \_\_\_\_\_ **Discipline:** \_\_\_\_\_

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**Presenter(s):** \_\_\_\_\_

**Summary of Event:** \_\_\_\_\_

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**How this experience relates to my PIP or the building level objective:** \_\_\_\_\_

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**How I will share this information with MCSSSD colleagues:** \_\_\_\_\_

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\_\_\_\_\_ **I would/would not recommend this training/workshop for an MCSSSD Professional Development Day presentation because** \_\_\_\_\_

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**Contact Name/Phone #** \_\_\_\_\_

*Please return completed form along with supporting documents to:  
Curriculum Office – Attention: Maria Deamer*