Appendix 5

Name _____

Date of Activity _____

PROFESSIONAL DAY REQUEST FORM

1. Describe the professional day activity.

2. Briefly respond to items a.-d. under Criteria For Granting Professional Days.*

Supervising administrator's action: Approved _____ Not approved _____

Explanation (if not approved):

*Criteria:

a. Be beneficial to the District and the individual requesting said day.
b. Show evidence of benefit enough to offset valuable instructional time away from the classroom.
c. Be congruent with a teacher's job responsibility and his/her 5 or 7 year plan for recertification. (Purpose)
d. Should support recognized individual teacher evaluation needs and District goals.

Original: SOS
2nd Copy: Professional
3rd Copy: Supervising Administrator