

Request to Create an Out of District Professional Development Event in escWorks
Hope Public Schools

1. Today's date _____

2. What is the title of this event? _____

3. What are the dates the event took place? _____

4. Where did the event take place? _____

5. Did this event qualify for the following? Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> technology | <input type="checkbox"/> instruction |
| <input type="checkbox"/> parental involvement | <input type="checkbox"/> curriculum |
| <input type="checkbox"/> anti-bullying | <input type="checkbox"/> classroom management |
| <input type="checkbox"/> suicide awareness/prevention | <input type="checkbox"/> assessment |
| <input type="checkbox"/> child maltreatment awareness | <input type="checkbox"/> Other _____ |

6. Please attach a brief description of this event. Include presenters' names. For example, "AAEA Summer Conference, featuring presentations by Bill Daggett, Steve Dembo, and David Hodgins, with several breakout sessions throughout the three days of the conference."

Participants, sign below. Indicate the total number of hours you earned from the event (6 hours per day):

Participant's printed name	Participant's signature	Total Hours earned
1.	1.	
2.	2.	
3.	3.	
4.	4.	
5.	5.	
6.	6.	
7.	7.	
8.	8.	
9.	9.	
10.	10.	

Principal's signature: _____ Date: _____