

MSAD 59 PLCSS

PRIOR APPROVAL

IN ADDITION TO: "CERTIFICATE AND REQUEST FOR COURSE PAYMENT"

1. Complete this Prior Approval form for any professional development opportunity you would like to attend including, but not limited to, workshops, conferences, courses.
2. Prior Approval for contact hours required of all MSAD 59 staff (ie. bloodborne pathogens, suicide prevention) or district wide offerings (ie. Wellness Day) is not required.
3. The Certification Committee Building Representative will send the original to the Certification Committee Chairperson, keep a copy for the building file, and give you a copy.

Name:

School: MAMHS MJHS MES **Position / Subject Area / Grade Level:** _____

Professional Development Title:

Date(s):

Location:

What is the purpose of this P.D. opportunity? Check most relevant and explain (on back if needed).

- | | | |
|---|--|--------------------------------|
| <input type="checkbox"/> Student benefit | <input type="checkbox"/> Benefit the district | <input type="checkbox"/> Other |
| <input type="checkbox"/> Inform teaching practice | <input type="checkbox"/> Connects to goals | |
| <input type="checkbox"/> Connects to standards | <input type="checkbox"/> Administrator request | |

Teacher Signature: _____

Date Submitted: _____

Certification Committee
Building Representative Signature: _____

Date approved: _____ Date denied: _____ Reason denied:

Received by CCC: _____
Signature Date