



MINOOKA COMMUNITY HIGH SCHOOL DISTRICT # 111

Professional Development/Conference Travel Request Form

IL or Supervisor to complete section below:

Instructional Leader: _____ Date: _____

Principal: _____ Date: _____

Superintendent: _____ Date: _____

Attendee: _____

Sub required: Yes/No (Circle one) Block/Period: _____ Building: Central/South (Circle one) Department: _____

Attendee: _____

Sub required: Yes/No (Circle one) Block/Period: _____ Building: Central/South (Circle one) Department: _____

Attendee: _____

Sub required: Yes/No (Circle one) Block/Period: _____ Building: Central/South (Circle one) Department: _____

Conference Title: _____

Conference Topic: _____

Conference Location: _____ Conference Date(s): _____

Cost/Budget:

Please list estimated cost of Professional Development/Conference:

Registration Fee: _____ Lodging/Hotel: _____ Airfare: _____ Mileage Est. _____

Sub (per day): _____ Parking: _____ Other: _____ Total Request: _____

Check any or all areas that are applicable to this Professional Development:

GOAL 1: Improve growth and achievement of all students.

GOAL 2: Guarantee a safe environment focused on learning.

GOAL 3: Demonstrate staff and organizational effectiveness.

GOAL 4: Ensure shared accountability for the attainment of district mission, vision, goals through the alignment of district resources.

Check any or all areas that information gained will be shared:

Faculty Mtg on _____

Department Mtg. on _____

In-Service on _____

Team Mtg on _____

Other (explain): _____

Required documents include: Brochure, Agenda, Registration materials and a summary of rationale from the

Teacher (benefits you as a teacher) and Instructional Leader (benefits or furthers the strategic plan and/or supports efforts of department at this time).