PROFESSIONAL DEVELOPMENT
PRE-APPROVAL FORM

This form is used when seeking Professional Development workshop approval that has not been assigned by the Cascade School District or a building administrator. Submit this form to your building administrator for approval.

Applicant’s Name __________________________ Date __________________________

Building __________________________ Position in District __________________________

Applicant’s Phone Numbers: Work ____________ Cell ____________ Email ____________

Title __________________________ Location __________________________

Professional Development Description: Please write or attach workshop objective, evaluation procedure, prerequisites, etc.

________________________________________________________________________

________________________________________________________________________

Begins __________________________ Ends __________________________

List Dates, Number of Sessions and Time of Workshop Meetings __________________________

Estimated Cost to Individual Participant __________________________

Will you or did you receive a stipend, financial reimbursement, or payment for attending? __________________________

If so, please specify __________________________

How will this benefit you professionally? __________________________

________________________________________________________________________

Professional Development Action: ( ) Approved ( ) Not Approved (see rationale)

Comments: __________________________

________________________________________________________________________

________________________________________________________________________

Signature (Administrator) __________________________ Date __________________________

*** Once approved by building administration, forward to the District Office for final approval.

District Office FINAL Approval – Dr. Beckendorf-Edou or Executive Director Remick

Signature __________________________ Date __________________________

Updated September 2020