

CHIPPEWA HILLS SCHOOL DISTRICT  
Professional Development Request

Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Building: \_\_\_\_\_

Title of Professional Development Activity: \_\_\_\_\_

\_\_\_\_\_

Date of Activity: \_\_\_\_\_ Location: \_\_\_\_\_

Goal of Activity as it Relates to District/School Improvement Plan:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I agree to prepare a summary of information acquired and how I will believe it will affect the students in my classroom. I also agree to submit a follow-up report within three months of attendance on how the information may have or may not have improved student achievement in my classroom and identify reasons supporting my findings.**

Teacher Signature: \_\_\_\_\_

Principal Signature: \_\_\_\_\_