

Wadena-Deer Creek ISD #2155
Staff Development Participation

Code: GAD-F

Part I. To be completed by participant:

Name: _____

Date: _____

Current Teaching Assignment: _____

Date of Event: _____

1. Describe the activity you wish to attend (Please include location of event)

A. What is the event? (Attach any helpful information, e.g. registration application)

B. What costs do you anticipate as part of your participation in this event? (Use the budget guide to assist you in calculating the cost.)

Substitute and Benefits _____ days X \$115.80 _____

Registration/Participation Fees _____

Round-trip mileage _____ round-trip miles X .56 _____

Mileage if you use your own car when a district vehicle is available is .28 cents

Per diem expenses _____

Overnight lodgings estimate _____

Other (please list) _____

Total Anticipated Cost for Participation _____

2. Describe how this activity will improve instruction (e.g. your instructional skills)

<input type="checkbox"/> Approved at estimated cost of:
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<input type="checkbox"/> Not Approved because:

Building Principal

Superintendent

(Date)

(Date)