

Hobbs Municipal Schools Professional Development Request Form

Name: _____ **Date** _____

School: _____

Name of Conference/Event: _____ **Date of conference/event:** _____

Location of Conference/Event: _____ **Travel date(s):** _____

Early registration deadline: _____ **Latest registration deadline:** _____

Please attach a copy of the Conference Brochure and Registration Form.

Number of those attending: _____

Name(s):

Registration cost per person: _____

Total # of hotel rooms needed: _____ **Amount per room:** _____

Total # of nights in hotel: _____ **Hotel packet or reimbursement?** _____

Transportation to Training: Airline School Car Other (list): _____

Transportation Cost: _____

Meal Packets (only for groups) or reimbursement? _____

Total # of participants who need a sub? _____ **Total # of days subs needed:** _____

Principal/Coordinator, please complete this section:

Event Contact Person: _____

Criteria for staff selected: _____

Suggested Funding:

 Core Knowledge Title 1 AP Sped Bilingual Train the Trainer Other: _____

Upon approval, who is responsible for the following:

Registration and Purchase Order: _____

Transportation Arrangements: _____

Hotel Reservations: _____

Substitute Arrangements: _____

Blue Forms: _____

Supervisors Signature: _____

Must Provide the following information:

Focus or purpose for this professional development: _____

Does this align with EPSS ? Yes No

What sub-group's is the focus of this training? _____

Is this a new ? Curriculum, Program, Technique, Department area (list): _____

Final approval by Elementary or Secondary Assistant Superintendent: _____