

**EDUCATION FOR EMPLOYMENT  
PROFESSIONAL DEVELOPMENT REQUEST  
2017-2018**

CURRENT DATE:
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INSTRUCTOR NAME:	PROGRAM TITLE:	NUMBER OF SECTIONS:
OPERATING DISTRICT:	PHONE NUMBER:	FAX:

**HOW TO COMPLETE THIS FORM** - Instructors, please list below, in priority order, your professional development needs for this current year. Include any meetings, conferences, events, etc. that would include reimbursable expenses. Be sure to provide a rationale for the items listed. Please obtain your principal's signature.

**Keep a copy for your records and return a copy to your EFE Program Administrator by: FEBRUARY 1, 2017**

<b>PRIORITY #1</b>	<b>NAME OF CONFERENCE &amp; SPONSORING AGENCY</b>		<b>DATE: (APPROX)</b>
	<b>LOCATION:</b>	<b>APPROXIMATE COST:</b>	
<b>RATIONALE FOR REQUESTING:</b>			

<b>PRIORITY #2</b>	<b>NAME OF CONFERENCE &amp; SPONSORING AGENCY</b>		<b>DATE: (APPROX)</b>
	<b>LOCATION:</b>	<b>APPROXIMATE COST:</b>	
<b>RATIONALE FOR REQUESTING:</b>			

<b>PRIORITY #3</b>	<b>NAME OF CONFERENCE &amp; SPONSORING AGENCY</b>		<b>DATE: (APPROX)</b>
	<b>LOCATION:</b>	<b>APPROXIMATE COST:</b>	
<b>RATIONALE FOR REQUESTING:</b>			

<b>PRIORITY #4</b>	<b>NAME OF CONFERENCE &amp; SPONSORING AGENCY</b>		<b>DATE: (APPROX)</b>
	<b>LOCATION:</b>	<b>APPROXIMATE COST:</b>	
<b>RATIONALE FOR REQUESTING:</b>			

**APPROVALS:**

HIGH SCHOOL PRINCIPAL'S SIGNATURE:	DATE:	EFE PROGRAM ADMINISTRATOR'S SIGNATURE:	DATE:
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