

## Alternative Professional Development Activity Request Form

Before a request can be approved, please provide the following information below. Please submit this form to either Sarah Antoncich or Adam Gish. Final approval is subject to Mr. Howard. Please note: **Approval will only be given to requests submitted at least one week prior to date of professional development.**

Date Submitted: \_\_\_\_\_

Department: \_\_\_\_\_

Participant Name(s): \_\_\_\_\_

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1. What is the date and location of activity:

\_\_\_\_\_

2. What is the purpose of the activity and how does it address Garfield's CSIP plan?

\_\_\_\_\_

\_\_\_\_\_

3. Who will lead the activity?

\_\_\_\_\_

4. Who are the other participants?

\_\_\_\_\_

5. How will it directly affect students at Garfield?

\_\_\_\_\_

\_\_\_\_\_

Submitted by: \_\_\_\_\_

Approved: \_\_\_\_\_ Not approved: \_\_\_\_\_

Building Leadership Team Co-Chair: \_\_\_\_\_

Date: \_\_\_\_\_