

GHS 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): _____

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: _____

Principal: _____ Date: _____

Building Leadership Team -Chair signature: _____

Date: _____