



Bellaire High School Professional Development Request Form

Name: _____ Today's Date: _____

Department: _____ Date of Activity: _____

Is an Associate Teacher needed? Yes No

Is this a required training? Yes No

How will this be used to benefit your classroom and PLC?

Attach documentation or provide a link that explains the professional development you wish to attend.

Estimate the total cost of this request. (An amount over the per diem is paid by the individual attending the professional development.)

Travel Expenses	\$
Food & Beverage	\$
Lodging	\$
Associate Teacher (@\$110.00 per day)	\$
Other	\$

Your Signature _____

Assistant Principal (Required) Recommends Yes No

Signature & Date _____

Dean of Instruction (Required) Recommends Yes No

Signature & Date _____