

Professional Meeting and/or Travel Request FormEmployee Name: Tessa HooksToday's Date: 1/8/2018School/Work Location: LCMSLocation of Conference/Workshop: WKEC Out of District

Out of State

City, State Location of Conference/Workshop: Edelville, KY

(Requires Board Approval)

Conference/Workshop Date(s): 1/19/2018Departure Time: 8:00Return Time: 3:00Conference/Workshop Name: Science Literacy & Curriculum PracticesRationale for Attendance: Develop competency to use 7 strategies of Formative Assessment to ensure coherence in planning learning related to NGSS

Other District Employees Attending Conference/Workshop (Please list name, school/work location and position)

Employee Name:

Employee Name:

Employee Name:

Employee Name:

ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT?

Credit must be approved by the SBDM and/or Professional Development Coordinator

ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT?

WILL YOU BE PARTICIPATING AS A CONSULTANT?

HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES?

I will share information w/ all Science teachers district wide & would be happy to meet w/ them to review materials or dissect standards.

## ESTIMATED EXPENSES:

Substitute Needed:

☒ YES or NO No. of Days 1

Registration Fee:

\$ 0

Use of Board Vehicle:

YES or ☒ NO

Use of Personal Vehicle:

YES or ☒ NO

Mileage

No. of Miles

Hotel/Lodging (amount per night)

How many nights

Meals

How many days

Car Rental (amount per day)

How many days

Air Fair

How many days

## ADDITIONAL INSTRUCTIONS:

\* Itemized receipts are required for all expenditures. Receipts for expenses must come from the place of business making the charge.

Signature of Applicant

Tessa M. HooksDate 1/8/2018

Signature of Principal/Supervisor

Bobby LyleDate 1/8/18

Signature of Superintendent/Designee (If Necessary)

Date

Review/Revised: 7/11/2016

Professional Meeting and/or Travel Request Form

Employee Name: Tessa Hooks & Amy Crenshaw  
 School/Work Location: LCMS

Today's Date: 1/8/2018

Location of Conference/Workshop: WKEC Out of District

City, State Location of Conference/Workshop: Eddyville, KY (Requires Board Approval)

Departure Time:

Return Time:

Conference/Workshop Date(s): 2/1/2018

Conference/Workshop Name: West KY Institute of Mathematics & Science

Rationale for Attendance: Presenter will be giving instructional strategies for Guided Math & Science Practices and supply resources from Teacher Created Materials.

Other District Employees Attending Conference/Workshop (Please list name, school/work location and position)

Employee Name: Crenshaw, Amy

Employee Name:

Employee Name:

ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT?

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ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT?

WILL YOU BE PARTICIPATING AS A CONSULTANT?

HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES?

Share material / ideas with other content areas. We will collaborate at PLC content area meeting, as well as.

**ESTIMATED EXPENSES:**

Substitute Needed:

Registration Fee:

Use of Board Vehicle:

Use of Personal Vehicle:

Mileage

No. of Miles

Hotel/Lodging (amount per night)

Meals

Car Rental (amount per day)

Air Fair

How many nights

How many days

Method of Payment:

Method of Payment:

Method of Payment:

Method of Payment:

**ADDITIONAL INSTRUCTIONS:**

\* Itemized receipts are required for all expenditures. Receipts for expenses must come from the place of business making the charge.

Signature of Applicant

Tessa M Hooks

Amy Crenshaw

Date 1/8/18

Signature of Principal/Supervisor

Billy Dore

Date 1/8/18

Signature of Superintendent/Designee (If Necessary)

Date

Review/Revised: 7/11/2016