**ESSEX COUNTY VOCATIONAL TECHNICAL SCHOOLS**

**PROFESSIONAL DAY REQUEST FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Name: **(one name per form)** | | | | | | | | | | | | | | | **Date of Program:** | | | | | | | | |
| **Registration Deadline:** | | | | | | | | |
| School: | **BT** |  | **N13** |  | **NT** | | | |  | **WC** | |  | | | **Regular Registration Cost:** | | | | | | | | |
| **Department:** | | | | | | | | | | | | | | | **Early Registration Date:** | | | | | | | | |
| Is this training addressing an activity in your Professional Improvement or Corrective Action Plan? | | | | | | | | | **YES** | | **NO** | | | | **Early Registration Cost:** | | | | | | | | |
| **Early Registration Deadline:** | | | | | | | | |
| Have you utilized a Professional Day in this school year: | | | | | | | | | **YES** | | **NO** | | | | **Purchase Order/Payment is required with registration:** | | | | | | **YES** | | **NO** |
| **Program Name:** | | | | | | | | | | | | | | | **I have registered (if yes, please submit a confirmation of your registration)** | | | | | | **YES** | | **NO** |
| **Program Location:** | | | | | | | | | | | | | | |
| **I HAVE registered for this event and a confirmation of my registration or the registration application is attached. (must be included)** | | | | | | | | | | | | | | | | | |  | **Informational material regarding your professional day request must be included / attached.** | | | | |
| **I have NOT registered. A PO or PO# is required with registration. My registration application is complete and attached (must be included)** | | | | | | | | | | | | | | | | | |  |
| **Nature of Program**: Describe how this training is relevant to your specific educational responsibilities (programs) and  the goals of the school. | | | | | | | | | | | | | | | | | | | | | | | |
| **Nature of Program**: Describe how and when you will disseminate the information or skills that you will acquire. | | | | | | | | | | | | | | | | | | | | | | | |
| **Nature of Program:** Describe how the training is addressing the component(s) of the ***Framework for Teaching***. | | | | | | | | | | | | | | | | | | | | | | | |
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| **\*Supervisor (Acknowledge/Approve)** | | | | | | | | **Date** | | | | | | | | **\*Principal (Acknowledge/Approve)** | | | | | | **Date** | |
|  | | | | | | | | | | | | |  | | |  | | | | | | | |
| **\*\*Supervisor of Program Accountability**  **(Mr. Singh) / Date** | | | | | | | | | | | | |  | | | **\*\*Assistant Superintendent for Curriculum & Instruction (Ms. Carbonell) / Date** | | | | | | | |

**\* Supervisor and Principal approval is required at all times for approval and / or acknowledgement.**

**\*\*Approving for specific Supervisors and /or grant funded.**