# ESSEX COUNTY SCHOOLS OF TECHNOLOGY PROFESSIONAL DAY REQUEST FORM

**2020-21**

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| **Name:** (one name per form) | | | | | | | | | | **Date of Program:** | | | | | |  |
| **Registration Deadline:** | | | | | |
| **School** | **CO** |  | **PT** |  | **NT** |  | **WCT** | |  | **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 the 2020-2021 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**:   1. Describe how this training is relevant to your specific educational responsibilities (programs) and the goals of the school. 2. Describe how and when you will disseminate the information or skills that you will acquire. 3. Describe how the training is addressing the component(s) of the ***Framework for Teaching***. | | | | | | | | | | | | | | | |
| **Funding Source:** (**Please Check One**)  **□ ESEA** □ **IDEA** □ **Perkins □ Local □ Free □ Other** | | | | | | | | | | | | | | | |
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## \*\*Supervisor of Program Accountability (Mr. Singh) / Date

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| **\*Supervisor (Acknowledge/Approve) Date** |
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| **\*Principal (Acknowledge/Approve) Date** |
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**\*\*Assistant Superintendent for Curriculum & Instruction (Ms. Carbonell) / Date**

\* Supervisor and Principal approval is required at all times before processing.

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