

**Marionville R-9 Schools
Professional Development Committee
Workshop Request**

Name: _____ Grade Level: _____ Date of Request: _____

Title of Inservice: _____

Inservice Location: _____

Date of Inservice: _____

Expenses: (to be filled out prior to inservice approval)

Lodging	
Registration Fee	
Transportation (37 cents/mile if school van is unavailable)	
Meals (\$8 per day)	

Total Requested: _____

Please select all of the topics that will be covered during the inservice:

- | | |
|------------------------|-------------------------------|
| Mentor/Mentee | Yearly testing/EOC |
| Curriculum Development | Instructional Strategies |
| Subject Area Content | Professional Development Plan |
| Technology | Other |

How will your participation at the conference benefit your students/building/district?

How does this workshop apply to your PD plan and/or building goals?

Principal Signature: _____

PDC Signature: _____