

**North Little Rock School District
Pre-Approval
Professional Development Request**

Name _____

School _____

Title _____	Date _____
Location _____	PD hours _____

Check one or more of the professional development areas to which the training applies. All professional development activities must be designed to improve student's academic performance.

- Arkansas Content Standards/Frameworks
- Instructional Strategies
- Advocacy/Leadership
- Supervision
- Instructional Technology
- Cognitive Research
- Assessment
- Systematic Change Process
- Curriculum Alignment
- Mentoring/Coaching
- Principles of Learning/Developmental Stages
- Building a Collaborative Learning Community
- Parental Involvement

This professional development must meet the following 5 criteria for approval:

(1) the training is supported by the building or district ACSIP plan, (2) the training is aligned with state standards, (3) the training is based upon scientifically based research, (4) the training leads to improved student achievement, and (5) the training follows all guidelines for district, state, federal and grant funding

Briefly describe how this meets your personal professional development goal(s)

How will you share the information learned? _____

Teacher Signature

Principal Signature

Administrative Director Signature

*Attendee responsible for documentation of attendance
**This form must be attached to the Professional Leave Form
***Federal funds can only be used for PD above the 60 required hours.