

Bay District Schools Division of Teaching and Learning Services Office of Staff Development In-service Point Request Form Out-of-Town Conference/Workshop

Submit this form to request in-service credit for events not sponsored by Bay District Schools. This form must be received no more than 90 days after the event.

| Employee Name:School: | | Employee I.D. # |
|-----------------------|--|---|
| | | Position: |
| Na | lame of Conference/Institute/Workshop: | |
| Na | lame of Sponsoring Organization (write out e | entire name, e.g., Florida Bandmasters Association): |
| Lo | ocation of Workshop:(City and State) | Dates of workshop: |
| То | otal hours of attendance (1 day is equal to 6 | hours. Do not include travel time.): |
| | Describe what you learned from this event or enhances your subject area knowledge | t and how it supports one of goals on your Deliberate Practice |
| 1. | . How will this support the goals of your your subject area knowledge? | deliberate practice? Or How has this training enhanced |
| 2. | . Attach the agenda from the meeting. If mu participated that relate to your professiona | ultiple sessions were offered, identify session titles in which you al learning goals. |
| 3. | . Explain how you will use this information in a. In YOUR classroom or PLC | n one of the following ways: |
| | b. By sharing it with other district/sch | ool personnel |



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NOTICE: You will receive a written notice ONLY if this request was not approved. Approval of this request means only that teachers who participate in the event will earn in-service points. **It does NOT imply approval for payment of conference expenses (registration, travel, etc.).**

Submit this document, along with the agenda and your TDY or other proof of attendance. Points will not be awarded until these documents have been received and approved.

| Attach these documents ☐ TDY or other Proof of Attendance ☐ Conference/Meeting Agenda | | |
|--|----------|--------------|
| Participant's Signature | Date | |
| This request is: Approved for | Points | Not approved |
| District Administrator | Date | |