

**INDIVIDUAL/TEAM/DEPARTMENT/GRADE LEVEL
PROFESSIONAL DEVELOPMENT OPTION**

Individuals, teams, grade levels, or departments may submit proposals for study, research or other types of professional development. Submit the following form for approval.

Area of Interest /Development/Study:

Connection to School Improvement Plan:

Purpose:

Description:

Expected Results (in teaching behaviors, products, practices, and in student achievement):

Dates and Times: _____

Total Hours: _____ **Participant Name(s):** _____

Principal's Approval: _____

Campus: _____ Date: _____

**Submit to: Diana Ely, Director of Organizational and Staff Development
Northside Activity Center (NAC)**

Verification of Completion: _____

Principal or Principal's Designee Signature

PLEASE NOTE: THIS FORM IS FOR SPECIAL STUDY PROJECTS ONLY.