REQUEST FOR PROFESSIONAL DEVELOPMENT

| Name of Workshop: | |
|---|-----------|
| Presenter: | |
| Summary of workshop (describe or attach copy of information): | |
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| | |
| Date of workshop: | Location: |
| Describe how this relates to goals from to System Vision Plan, and/or your latest events. | |
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| Teacher Signature/Date | _ |
| | |
| Principal Signature/Date | |
| Superintendent Signature/Date | |