

DOVER-SHERBORN REGIONAL SCHOOLS  
Professional Development Request

Today's Date \_\_\_\_\_ Educator Name \_\_\_\_\_

School (Circle One)    High School    Middle School    Pine Hill    Chickering

Activity (Circle One)    Conference    Workshop    Professional Day

Title of Activity \_\_\_\_\_

Location \_\_\_\_\_ Date(s) \_\_\_\_\_

Will a substitute be needed? \_\_\_\_\_ Date(s) substitute needed \_\_\_\_\_

**Please contact Sub line as soon as possible at (508) 847-3090**

Expected Professional benefits this activity will provide to you and to the school:

\_\_\_\_\_  
\_\_\_\_\_

Anticipated manner of sharing the experience:

\_\_\_\_\_  
\_\_\_\_\_

Estimated Expenses:

Conference Fees \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Meals \$ \_\_\_\_\_ Lodging \$ \_\_\_\_\_

Travel Expenses \$ \_\_\_\_\_

TOTAL EXPENDITURE \$ \_\_\_\_\_

TOTAL EXPENDITURE APPROVED \$ \_\_\_\_\_

\_\_\_\_\_  
Signature below indicates that professional development request has been approved and funded at the amount noted as "Total Expenditure Approved".

Curriculum Leader or  
Department Head's Signature \_\_\_\_\_ Date \_\_\_\_\_

Administrator's Signature \_\_\_\_\_ Date \_\_\_\_\_

Assistant Superintendent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please submit this form at least two weeks prior to the date of travel to the Administrator and forward to the Assistant Superintendent's Office.**