

EASTLAKE STAFF DEVELOPMENT REQUEST FORM

Teachers/Staff Members Attending: _____

Title of Conference: _____

Today's Date: _____ Date of Conference: _____

Location of Conference: _____

Approximate Cost Breakdown (per person)

Registration: _____

Travel: _____

Lodging: _____ (Max. \$80.00 per night – SISD Policy)

Per Diem: _____

Other: _____ Comments: _____

Other: _____

Total Per Person _____ x _____ (Number Attending) = _____

Est. Total Cost

How this Staff Development activity is directly linked to Eastlake High School's Campus Improvement Goals?

How and when will Staff Development Activity be shared with members of EHS faculty?

Did participants attend any conference in the last year? ___ Yes ___ No.

If yes, what and where? _____

Staff Development Committee's Approval: Yes _____ No _____

Comments: _____

If Request is approved, an SISD Trip Request Form will need to be completed and submitted to the EHS Principal for final approval.