

EdPlus Conference Request
Paid for Using EdPlus Credits

Staff Name: _____ Email: _____@hazelwoodschoools.org

Staff's cellphone # _____ Job Title: _____

Grade level taught/subject area: _____

School Name: _____ School Phone: _____

Any Food Allergies? _____

How did you hear about the conference? _____

Name of Conference: _____

Workshop & conference dates: _____

How does the proposed workshop/conference specifically relate to the District and/or building Professional Development plan? _____

How will the proposed workshop/conference improve student learning? _____

How does the proposed workshop/conference specifically relate to the District Accountability Plan? (Goal & Strategy): _____

How does the proposed workshop/conference specifically relate to the School Accountability Plan? _____

How does the proposed workshop/conference relate to your Professional Growth Plan? _____

Principal approval for absence on contractual day: Yes _____ No _____

Principal Printed Name and Signature: _____

Building PD Rep Printed Name and Signature: _____