

Somerset Berkley Regional School District

"A Partnership for Excellence"



PROFESSIONAL DEVELOPMENT PROPOSAL

Submitted to the Superintendent of Schools on: _____
(Date)

Please complete the following:

1. Professional Development Activity _____

2. Proposed/Convened by: _____

3. Workshop Presenter: _____

4. Dates of Activity: _____

5. Site: _____

6. Number of hours proposed: _____

7. Number of proposed PDP's: _____

8. Costs/Expenses: \$ _____ Not Applicable: _____

Source of Funds: _____ PO No: _____

9. Any other special features (if appropriate) _____

10. Comments: _____

11. Signature of Convener: _____

12. Signature of Administrator/Principal: _____ Date: _____

13. Signature of Director of Curriculum: _____ Date: _____

14. Signature of Superintendent: _____ Date: _____

Copy Returned to Convener _____; Copy on file in Professional Development Office.