

**Kansas City Kansas Public Schools  
Request for Approval of Individual Training Experience  
For Professional Development Points**

This form must be filled out completely, with all appropriate signatures and documentation and submitted to the Professional Development Salary Committee (PDSC) at the Office of Human Resources no later than 20 working days prior to the date of the Staff Training Experience (Activity).

Last Name	First Name	Middle Name	Maiden Name
<b>Employee ID#</b>	Highest Degree Earned		
School	Grade Level/s Taught	Subject/s Taught	

Please answer **ALL** questions -- Incomplete forms will **NOT** be accepted. **Attach additional sheets, if necessary.**

1. Name of \_\_\_\_\_
2. Do you have a CURRENT Individual Development Plan on file at the Office of Professional Development? Yes \_\_\_ No \_\_\_
3. Is the activity aligned with each of the goals (District Goals, Building Goals, Personal Goals) identified on your IDP Plan? Yes \_\_\_ No \_\_\_
4. Is this activity during the contractual day? Yes \_\_\_ No \_\_\_
5. Are you being paid to attend this activity (Payment or Stipend)? Yes \_\_\_ No \_\_\_
6. Is the activity outside of the District? Yes \_\_\_ No \_\_\_
7. Is the District paying your registration fees, travel expenses, lodging, etc.? Yes \_\_\_ No \_\_\_
8. Are you earning college credit for this activity? Yes \_\_\_ No \_\_\_
9. Date/s of the \_\_\_\_\_
10. Time/s of the \_\_\_\_\_
11. Location of the \_\_\_\_\_
12. Total # of contact hours for \_\_\_\_\_
13. How will this activity help you reach your targeted goals?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. What is the expected outcome from this activity?:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Teacher's Signature	Date	Principal or Instructor Signature
Date		

**If this is NOT a Pre-Approved Activity, Attach copies of pertinent information that documents this activity.**  
**> > > Incomplete forms or forms without documentation will NOT be accepted. < < <**

**NOTE: The PDSC reserves the right to limit the number and types of activities that can be done in one year for PDPoints.**

**Return to:**

Human Resources Services ● 625 Minnesota ● Kansas City KS 66101 ● Attention: TANYA DAVIS

**For PDSC Use Only**

Date Received _____	Signature 1 _____
Date Approved _____	Signature 2 _____
Date Denied _____	Signature 3 _____
Data Entry _____	Copies to Teacher & Bldg _____