

**Sebeka ISD #820  
Staff Development Participation**

Group Leader Members:

Today's Date:

Date of Activity:

Registration Date:

Current Teaching Assignment:

1. Describe the Activity to attend: (Please attach any brochures and registration materials)

<b>Anticipated Cost</b>	<b>Single</b>	<b>Group</b>
Substitute for 1 day \$126.12 \$10.00 Para per hour		
Registration Fees		
Mileage \$ .565 per mile personal car, \$.67 School car		
Per Diem Expenses (B: \$9 L: \$10 D: \$14)		
Overnight Lodging		
Other-(please list)		
<b>Total Anticipated Cost</b>		

2. Which State Staff Development outcome does this activity address? (1.Team planning, 2.Math & Science, Technology, State Standards, 3.At Risk, Diversity, Fostering respect & support, 4. District)

3. How will this activity improve instruction?

4. How will the Staff Development Team know if you accomplish this goal?

Staff Development Chair \_\_\_\_\_

Approved at est. cost of:

Not approved

because:

