MPS#9

ALTERNATE PROFESSIONAL DEVELOPMENT OPPORTUNITY
MOBERLY PUBLIC SCHOOL DISTRICT

Instructions:

1. **Attach this form to MPS #2A and complete through "Description of Activities".**
2. **After the Professional Development Opportunity is complete, send a copy of the form to the PDC Chairperson with a completed MPS#8.**
3. **Must be received in Central Office <u>one week</u> before Professional Development opportunity.**

Attendee's Name: _____ **Date of Event:**_____

School Building:_____ **Location of Event:**_____

Grade/Level:_____

Subject/Department: _____ **Expenses:**

Registration: _____
Travel: _____
Lodging: _____
Other: _____

Title of Learning Opportunity: _____

Circle one: **Inservice** **Workshop** **Conference (local, regional, national)**
Seminar **Class** **Other:**_____

Objectives of Learning Event: _____
_____
_____

Description of Activities: _____
_____

Teaching and learning skills attendee will demonstrate as a result of this learning opportunity:
_____
_____

_____ _____
Department/Gr. Level Chair's Signature Date **PDC Representative's Signature Date**

_____ _____
Principal's Signature Date **Superintendent's Signature Date**