

**School District of Holmen  
Instructional Services Department  
Request for Professional Development/Conference Leave**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Building(s):** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Name of conference:** \_\_\_\_\_

**Date(s) of conference:** \_\_\_\_\_ **Time of conference:** \_\_\_\_\_

**What other conferences have you attended this year?** \_\_\_\_\_

**Have you attended this conference in the past?** Yes                      No

**Check which of the following the conference/staff development will cover:**

**Legal Mandates**                                      **Continuous School Improvement**

**Curriculum Writing**                                      **PLC & Quality Classrooms**

**Describe the anticipated learning target:** \_\_\_\_\_

\_\_\_\_\_

**How will this staff development improve student learning?** \_\_\_\_\_

\_\_\_\_\_

**Describe your plan to implement new learning:** \_\_\_\_\_

\_\_\_\_\_

**What is your plan to share this information with your building and/or colleagues?**

\_\_\_\_\_

**Define Total Cost (Attach conference registration, hotel, other fees, etc):**

**Registration:** \_\_\_\_\_ **Link to Register:** \_\_\_\_\_

**Total Hotel Cost:** \_\_\_\_\_ **Date of Hotel Check In:** \_\_\_\_\_

**Date of Hotel Check Out:** \_\_\_\_\_

**Estimated Mileage:** \_\_\_\_\_ **(# of miles times .56 cents)**

**Estimated Food Cost:** \_\_\_\_\_

**Sub Cost:** \_\_\_\_\_ **Curriculum Writing # of Hours**

**Total Cost:** \_\_\_\_\_ **Requested:** \_\_\_\_\_