JAMESTOWN PUBLIC SCHOOL DISTRICT #1
PROFESSIONAL DEVELOPMENT

STAFF DEVELOPMENT ACTIVITY:					
SUBMITTED BY:		DATE:		SCHOOL:	

The professional development activity should be school based, focused on curriculum, and/or school improvement. Activities must align to the school improvement goals and/or professional development plan established by the building or school district. Describe the professional development activity below including goals and objectives, number of meetings, length of sessions, final outcomes, etc.

START DATE OF ACTIVITY:		END DATE OF ACTIVITY:	
LENGTH OF ACTIVITY IN HOURS:			
APPROVED BY:		DATE:	

The professional development activity noted above is in accordance with Jamestown Public School policy and has the approval of the Superintendent or his designee.

Indicate the staff members that have completed the professional development activity noted above.

PRINTED NAME	SIGNATURE	PRINTED NAME	SIGNATURE

The above staff members will be reimbursed _____ (less applicable deductions) for completing the professional development activity noted above.

_____   _____
Building Administrator   Date

_____   _____
Superintendent or Designee   Date

_____   _____
Business Manager   Date

Account Coding: _____