



LVISD Professional Development Request Form

In LVISD, teachers seek out opportunities for professional development to enhance content knowledge and pedagogical skill.

Section I: Employee Request

Name: _____ Request Date: _____

Current Position: _____ Supervisor: _____

Type of Professional Development (check one):

Seminar Workshop Conference

Title: _____

School/Company/Organization: _____

Date(s): _____ Total Hours of Training: _____

Cost: _____

What specific knowledge or skill will you learn? _____

How will the acquired knowledge or skill help improve your performance? _____

Which campus goal(s) or professional goal(s) does this workshop support? _____

Forward to supervisor upon completion of Section I.

Section II: Approval

1. Supervisor: Review and approve based on appropriateness, budget, scheduling, and quality of training.

Approved Not Approved

Employee – Upon approval, this form will be returned to you. You should then forward it to your department head for requisition processing. It is the responsibility of the employee to register for training after the approval and requisition has been processed.

Supervisor Signature

Date