

**Gravette School District Professional Development Request Form**  
**Pre-Approval is required for professional development credit.**

**Complete form and return to building principal.**

\_\_\_\_\_ Flex Day Request

\_\_\_\_\_ Regular PD Request

Mark the appropriate school:

\_\_\_\_\_ GDE

\_\_\_\_\_ GUE

\_\_\_\_\_ GMS

\_\_\_\_\_ GHS

Teacher: \_\_\_\_\_ Subject/Grade: \_\_\_\_\_

Event Title: \_\_\_\_\_ Date(s): \_\_\_\_\_

Describe the professional development. Include the connection(s) to student learning, relation to ACSIP plan, and alignment with specific curriculum standards.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Total Hours: \_\_\_\_\_

Registration Fee: \_\_\_\_\_ Hotel Cost: \_\_\_\_\_

Mileage Cost: \_\_\_\_\_ Meal Cost: \_\_\_\_\_

Total Cost: \_\_\_\_\_

\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date