

# Form 424-2 Teacher Directed Professional Development Funds



Clearview Public Schools

We All Belong – We All Succeed

Name: \_\_\_\_\_

Position: \_\_\_\_\_

School: \_\_\_\_\_

Professional Development Activity: \_\_\_\_\_

Date(s): \_\_\_\_\_

Briefly describe the professional development opportunity that you are interested in attending:

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Briefly describe how this learning opportunity relates to your Professional Growth Plan:

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Estimated costs:

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## APPROVAL

Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

*The teacher must submit this application in Atrieve with receipts when applying for expense reimbursement.*

**Note: Reimbursement will be based on the individual teacher allocation as stated in the Teacher Directed Professional Development Funds program in AP 424 and section 9.3 of the ATA Teacher Collective Agreement.**