

Borger ISD
Professional Development Pre-Approval Form

Campus: _____ Date: _____

Person Making Request: _____ Grade Level: _____

Name of Requested Professional Development: _____

Description of the Professional Development Opportunity:

CIP/DIP (Goal/Objective/Activity): Write a brief explanation of how the professional development opportunity relates to the goals, objectives, and/or activities of the Campus Improvement Plan or District Improvement Plan.

Instructional Impact: Please indicate how this training will help you meet the needs of students and impact classroom instruction.

Training Plan for Colleagues: Indicate how you plan to share information learned at the professional development with the instructional team at your campus.

Professional Development Opportunity: Approved _____
Signature of Campus/District Administrator

Denied _____
Signature of Campus/District Administrator