

PRO D COMMITTEE OR ASSOC. SUPT. USE ONLY

Date Received

APPROVED

NOT APPROVED

REASON #

(If not approved, please revise and resubmit)

VSB Teacher Temporary Supplemental Professional Development Fund Application 2019-2020

Teacher(s)
Name(s)

SCHOOL:

PRINCIPAL'S NAME

PRINCIPAL'S SIGNATURE

PRO D CHAIR'S NAME

PRO D CHAIR'S SIGNATURE

This application form accompanies the *Guidelines for Use and Access of the Temporary Supplementary Professional Development Funds*. Please ensure that this completed application meets the criteria as outlined in this document.

We have received, read, understand and agree with the guidelines. Check here

1. What is the Professional Development opportunity you are seeking to engage in? For workshops or conferences, please attach information. For anything else, please provide relevant details.

2. Using the Pro-D lens, explain how your activity is relevant, responsible and autonomous.

3. What is the cost of the activity/opportunity? Please break down costs as applicable.

4. How much funding have you already accessed through your school-based Professional Development accounts for this opportunity? If you haven't accessed any of these funds, please provide information as to why not.
(ie. VTF/VSB Joint Pro D, Professional & Staff Development Funds)

Date of Submission:

Timelines

- Applications will be received starting June 5th 2019
- Applications must be emailed to supplepd@vsb.bc.ca