MPS#9

ALTERNATE PROFESSIONAL DEVELOPMENT OPPORTUNITY
MOBERLY PUBLIC SCHOOL DISTRICT

Instructions:

1. **Attach this form to MPS #2A and complete through "Description of Activities".**
2. **After the Professional Development Opportunity is complete, send a copy of the form to the PDC Chairperson with a completed MPS#8.**
3. **Must be received in Central Office <u>one week</u> before Professional Development opportunity.**

Attendee's Name: _____ Date of Event:_____

School Building:_____ Location of Event:_____

Grade/Level:_____

Subject/Department: _____ Expenses:

Registration: _____
Travel: _____
Lodging: _____
Other: _____

Title of Learning Opportunity: _____

Circle one: Inservice Workshop Conference (local, regional, national)
Seminar Class Other:_____

Objectives of Learning Event: _____

_____

_____

Description of Activities: _____

_____

Teaching and learning skills attendee will demonstrate as a result of this learning opportunity:

_____

_____

_____ _____

Department/Gr. Level Chair's Signature Date PDC Representative's Signature Date

_____ _____

Principal's Signature Date Superintendent's Signature Date