## PARADISE UNIFIED SCHOOL DISTRICT STAFF DEVELOPMENT REQUEST

Authorization to Attend In-Service or Outside Agency Training

Last Name

## **REMEMBER THE FOLLOWING:**

- Please submit hours within 30 days of earning.
- Keep a copy of this form for your records.
- Submit completed form to Educational Services.
- Incomplete forms will be returned uncredited.
- Trainings/activities must be completed on or before May 31st to be credited for the current school year.

Today's Date

Training/Activity Title Training/Activity Dates Training/Activity Location **Time Attended DISTRICT LCAP GOALS:** 1. Paradise Unified School District will graduate students who have received high-quality, common core aligned curriculum and instruction that promotes college, career, and civic readiness, with academic interventions in place to eliminate barriers to student success. 2. Paradise Unified School District will provide staff with differentiated professional development, focusing on full implementation of CA CCSS infused with educational technology and the STEAM philosophy. 3. Paradise Unified School District will provide positive, safe and engaging learning environments and systems of supports that meet the intellectual social, emotional, and physical needs of all students so that they are able to maximize their learning and achievement. **APPLICABLE LCAP GOAL(S):** □ 1. High-Quality Academics □ 2. High-Quality Staff □ 3. Safe Schools and Culture TYPE OF STAFF DEVELOPMENT ACTIVITY: □ District-sponsored in-service training taken beyond the seven-hour day. □ County-sponsored in-service training taken beyond the seven-hour day. Presenter at District sponsored in-service training (District level, grade level, or subject level). Presenters will receive one additional hour of credit for preparation for each hour of presentation up to 14 hours per year. Grade-level, content or subject-level meeting beyond the seven-hour day with the focus being on instructional methods, academic content in core curriculum areas or governing board educational priorities. Outside agency provided in-service training approved (sponsored) by the District and taken beyond the seven-hour day. **Return completed form to Educational Services** Rev. 7/2017 Page 1 of 2

First Name

Please describe how the LCAP	goal selected on	page 1 will be met: _
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Pre-approved by Site Principal:

Date of pre-approval: \_\_\_\_\_\_

## **RESEARCH AND DEVELOPMENT HOURS**

□ Check here if you are eligible for presenter research & development hours.

**Request for presenter hours:** If you are a primary presenter for this activity, please indicate the total number of research & development hours you are requesting.

**PLEASE NOTE**—Research & Development Hours:

1. **Must** have prior administrator approval noted above.

2. May neither exceed the number of workshop hours or 14 hours.

Date(s) Research & Development Completed (see #1 above)	# of hours requested (see #2 above)	
Approval of Research & Development by Site Principal:		
	Signature	Date

**IMPORTANT:** This section must be completed by a **workshop presenter** for staff development credit to be applied.

## **VERIFICATION OF HOURS COMPLETED**

The above named employee has completed the number of staff development hours indicated below:

Time attended (e.g. 3:30-5:00 pm)	Total hours attended	
	ificate of completion is attached.	

Approved by Assistant Superintendent of Educational Services: \_\_\_\_\_\_