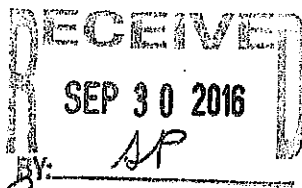


City of Augusta
Department of Public Education
Out of District Day Request Form
(In-State & Out-of-State Request)



Purpose of Out of District Day (Check One Please):
 Professional Development*
 Student Activity

Name: Jared Braun School: Cony Today's Date: 9/28/16

Name of Professional Development/Activity: MAHPERD Conference

Date(s) of Professional Development/Activity: 11/7-11/8 Location of Professional Development/Activity: Rockland, ME

1. Please state the purpose of the Professional Development/Activity: Professional Dev. sessions for Health + P.E.

2. Please explain how the Professional Development/Activity will benefit your students:
- Learn new instructional + Assessment ideas
- Professional Networking

3. Please explain the arrangements you have made or will make to accommodate your students: - Dept. will plan coverage
- 2 substitutes

Substitute Needed? YES NO If YES, indicate # of days: 2

4. Please cite some examples of sessions you are planning to attend, if applicable. (Attach information if you like) - Proficiency-based grading for P.E.
- Building formative assessments for Health + Health

Jared Braun
Educator's Signature Date: 9/28/16

Tom [Signature]
Special Education Director -OR- Program Supervisor Approval Date: 9-29

[Signature]
Building Administrator's Approval (required for all requests) Date: 9/30/16

[Signature]
Assistant Superintendent's Approval (required for all requests) Date: 10/4/16
Superintendent's Approval/Board Approval (required for out-of-state & overnight requests - to be made 1 month prior)

Estimated Costs:	Registration	\$	_____
	Accommodations	\$	_____
	Meals	\$	_____
	Travel	\$	_____
	TOTAL	\$	_____
Budget Account # _____			

***PLEASE NOTE:**
If This Form Requests the Use of a Professional Development Day,
Employee is Responsible for Registration

PLEASE SEND ALL REQUESTS TO: Donna Madore, Assistant Superintendent, at the Central Office

**City of Augusta
Department of Public Education
Out of District Day Request Form
(In-State & Out-of-State Request)**

RECEIVED
OCT 04 2016
SP

Purpose of Out of District Day (Check One Please):
 Professional Development*
 Student Activity

Name: Dennis Jacobs School: Cony Today's Date: 10/3/2016
 Name of Professional Development/Activity: Maine Assoc. Health Phys. Ed. Recreation + Dance
 Date(s) of Professional Development/Activity: Nov 7-8 2016 Location of Professional Development/Activity: Rockland

1. Please state the purpose of the Professional Development/Activity:
Learn new curriculum or enhance current curriculum
 2. Please explain how the Professional Development/Activity will benefit your students:
Make me a better teacher
 3. Please explain the arrangements you have made or will make to accommodate your students: Sub Plans
- Substitute Needed? YES NO If YES, indicate # of days: 2
4. Please cite some examples of sessions you are planning to attend, if applicable. (Attach information if you like) Pair / Shows New Activities

[Signature] 10/3/2016
 Educator's Signature Date

[Signature] 10/3/16
 Special Education Director -OR- Program Supervisor Approval Date

[Signature] 10/3/16
 Building Administrator's Approval (required for all requests) Date

Assistant Superintendent's Approval (required for all requests) Date

[Signature] 10/5/16
 Superintendent's Approval/Board Approval (required for out-of-state & overnight requests - to be made 1 month prior) Date

Estimated Costs:

Registration	\$	_____
Accommodations	\$	_____
Meals	\$	_____
Travel	\$	_____
TOTAL		\$ _____

Budget Account # _____

***PLEASE NOTE:**
 If This Form Requests the Use of a Professional Development Day,
 Employee is Responsible for Registration

PLEASE SEND ALL REQUESTS TO: Donna Madore, Assistant Superintendent, at the Central Office