

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

**RECEIVED**  
SEP 12 2016  
BY: SP

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

Name: Jan Rollins School: Cory Today's Date: 9/9/16

Name of Professional Development/Activity: Maine

Date(s) of Professional Development/Activity: Oct. 20 + 21, 2016 Location of Professional Development/Activity: Point Look Out - Northport

- Please state the purpose of the Professional Development/Activity:  
Maine Association for Middle Level Education is a conference w/ a multitude of sessions specifically targeting all aspects of middle level development + instructional best practices (see attached)
  - Please explain how the Professional Development/Activity will benefit your students:  
Best practices for this age group is the focus + our intent is to implement much of what we learn at the conference. I think it important, as an administrator to accompany the 3-4 teachers who are attending w me.
  - Please explain the arrangements you have made or will make to accommodate your students:  
Other admin + security in the building will cover for my absence.
- Substitute Needed?  YES  NO If YES, indicate # of days: \_\_\_\_\_

4. Please cite some examples of sessions you are planning to attend, if applicable. (Attach information if you like)  
I have checked those sessions on the attached sheet.

Jan Rollins 9/9/16  
Educator's Signature Date

[Signature] 9/9/16  
Special Education Director -OR- Program Supervisor Approval Date

[Signature] 9-13-16  
Building Administrator's Approval (required for all requests) Date

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

[Signature] 9-13-16  
Superintendent's Approval/Board Approval (required for out-of-state & overnight requests - to be made 1 month prior) Date

Estimated Costs:	Registration	\$ 225
	Accommodations	\$ 1109.00
	Meals	\$ 60.00 Not sure, est.
	Travel	\$ 55.62 103 mi. round trip.
	<b>TOTAL</b>	<b>\$ 509.62</b>
Budget Account #	0100-0000-2410-00-107-00-00-655810	

**\*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  
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**RECEIVED**  
SEP 12 2016

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

Name: Kira Rideout-Dawes School: City SP Today's Date: 9-8-16

Name of Professional Development/Activity: MAME Conference

Date(s) of Professional Development/Activity: Oct 21, 2016 Location of Professional Development/Activity: Northport, Me

1. Please state the purpose of the Professional Development/Activity:  
To evaluate literary best practices

2. Please explain how the Professional Development/Activity will benefit your students:  
My students will benefit as I continue to promote literary best practices in the classroom.

3. Please explain the arrangements you have made or will make to accommodate your students:  
Via Gesop Sub will be contacted

Substitute Needed?  YES  NO If YES, indicate # of days: 1

4. Please cite some examples of sessions you are planning to attend, if applicable. (Attach information if you like)  
Penny Kittle - Book Love

Kira Rideout-Dawes  
 Educator's Signature Date

[Signature]  
 Special Education Director - OR - Program Supervisor Approval Date 9/9/16

[Signature]  
 Building Administrator's Approval (required for all requests) Date 9-13-16

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

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

Estimated Costs:	Registration	\$ 150.00	pd by Donna M.
	Accommodations	\$ 239.00	pd by Jan R.
	Meals	\$ 0	
	Travel	\$ 0	
	<b>TOTAL</b>	<b>\$ 389.00</b>	

Budget Account # \_\_\_\_\_

**\*PLEASE NOTE:**  
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 Employee is Responsible for Registration

*\* The housing will take care of 3 teachers.*

**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**  
SEP 14 2016  
BY: Middle

Purpose of Out of District Day (Check One Please):	
<input checked="" type="checkbox"/>	Professional Development*
<input type="checkbox"/>	Student Activity

Name: Tracy Wloyd School: Cong Middle Today's Date: Sept 12, 2016

Name of Professional Development/Activity: 28<sup>th</sup> Annual MAMLE Conference

Date(s) of Professional Development/Activity: October 21, 2016 Location of Professional Development/Activity: Northport, Maine

1. Please state the purpose of the Professional Development/Activity:  
This conference helps middle level educators collaborate on the very diverse middle school issues.

2. Please explain how the Professional Development/Activity will benefit your students:  
The conference has over 25 concurrent breakout sessions to help me ~~improve~~ better my teaching. I will be able to get tips from professionals who have dealt with similar situations.

3. Please explain the arrangements you have made or will make to accommodate your students:  
I will have sub plans that go along with our social studies curriculum at that given time.

Substitute Needed?  YES  NO If YES, indicate # of days: 1

4. Please cite some examples of sessions you are planning to attend, if applicable. (Attach information if you like)  
PBL, Instructional Effectiveness, Journey to Proficiency and Digital Learning

Tracy G. Wloyd 09/12/2016  
Educator's Signature Date

Special Education Director -OR- Program Supervisor Approval Date

[Signature] 9/13/16  
Building Administrator's Approval (required for all requests) Date

[Signature] 9-14-16  
Assistant Superintendent's Approval (required for all requests) Date

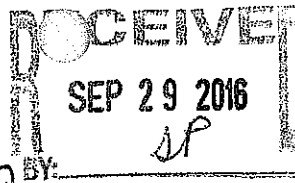
James Anastasio  
Superintendent's Approval/Board Approval Date  
(required for out-of-state & overnight requests - to be made 1 month prior)

Estimated Costs:	Registration	\$ <u>150.00</u>
	Accommodations	\$ _____
	Meals	\$ _____
	Travel	\$ _____
	<b>TOTAL</b>	\$ _____
Budget Account #	<u>0270-0000-2212-00-950-000-16-00-653200</u>	
<b>*PLEASE NOTE:</b>		
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**

# 22275183L

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):	
<input checked="" type="checkbox"/>	Professional Development*
<input type="checkbox"/>	Student Activity

Name: Brenda Maines School: Cony Today's Date: 9/8/16

Name of Professional Development/Activity: Maine Association for Middle Level Education Conference

Date(s) of Professional Development/Activity: October 21 Location of Professional Development/Activity: Northport, ME

1. Please state the purpose of the Professional Development/Activity:  
To engage in & learn new practices to use in the classroom.

2. Please explain how the Professional Development/Activity will benefit your students:  
New ideas in literacy and how to enhance reading in my classroom.

3. Please explain the arrangements you have made or will make to accommodate your students: Detailed lesson plans  
will be left for my substitute.

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

4. Please cite some examples of sessions you are planning to attend, if applicable. (Attach information if you like)  
literacy, connecting kids to books, restorative practices, etc.

Brenda Maines 9/8/16  
Educator's Signature Date

Special Education Director -OR- Program Supervisor Approval \_\_\_\_\_ Date \_\_\_\_\_

[Signature] \_\_\_\_\_  
Building Administrator's Approval (required for all requests) Date

[Signature] 10-5-16  
Assistant Superintendent's Approval (required for all requests) Date

[Signature] 10/6/16  
Superintendent's Approval/Board Approval Date  
(required for out-of-state & overnight requests - to be made 1 month prior)

Estimated Costs:	Registration	\$ _____
	Accommodations	\$ _____
	Meals	\$ _____
	Travel	\$ _____
	<b>TOTAL</b>	\$ _____
Budget Account #	<u>0270-0000-2212-00-950-</u> <u>000-16-00-653200</u>	
<b>*PLEASE NOTE:</b> 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

# 222-875798

City of Augusta  
Department of Public Education  
Professional Day Request Form  
(In and Out-of-state Request)

Name: Carrie Lasselle Today's Date: 10/6/16 School: Cony Location of conf/seminar, etc. Point Lookout  
Name of Conference/Workshop: MAMLE Date(s) of Conference/Workshop: 10/20/16 & 10/21/16

1. Please state the purpose of the conference/workshop: Promote Literacy in the Classroom
2. Please explain how the conference will benefit your students. Look at best practices, formative assessments practices & ideas, collaboration w/ educators
3. Please explain the arrangements you have made or will make to accommodate your students. sub a sub plans
4. Please cite some examples of sessions you are planning to attend. (Attach information if you like) Keynote w/ Penny Kittle Increasing Student Engagement

Estimated costs:	Registration	\$ _____	Substitutes needed? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no
	Accommodations	\$ _____	
	Meals	\$ _____	
	Travel	\$ _____	
Budget account #:	TOTAL	\$ _____	If yes, indicate # of days: <u>1</u>

[Signature]  
Educator's Signature

[Signature]  
Curriculum Coordinator's Approval

Special Education Director -Or- Program Supervisor

[Signature]  
Building Administrator's Approval  
(required for all requests)

[Signature]  
Superintendent's Approval  
(required only if out-of-state)

Please send all requests to Tina Meserve, Central Office

**PLEASE NOTE – THIS FORM REQUESTS USE OF A “PROFESSIONAL DAY”  
EMPLOYEE IS RESPONSIBLE FOR REGISTRATION**