

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

RECEIVED
MAY 01 2019
BY: SP

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

Name: Mark Dennett School: Farnington Today's Date: 4/22/19

Name of Professional Development/Activity: MSAA Item Content and Bias Review

Date(s) of Professional Development/Activity: 5/17/19 - 6/18/19 Location of Professional Development/Activity: Orlando, FL

1. Please state the purpose of the Professional Development/Activity:
Bias Review Mathematics All Grades as a part of Item Review Committee

2. Please explain how the Professional Development/Activity will benefit your students:
I will help review future Alternate Assessment Questions in order to help in the development of questions for the 2020 administration

3. Please explain the arrangements you have made or will make to accommodate your students: N/A during summer

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)
Math Bias Review - All Grades

[Signature] 4/22/19
Educator's Signature Date

[Signature] 5.1.19
Special Education Director -OR- Program Supervisor Approval Date

Building Administrator's Approval (required for all requests) Date

[Signature] 5-1-19
Assistant Superintendent's Approval (required for all requests) Date

[Signature] 5/2/19
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	\$	_____
	TOTAL	\$	<u>DOE expense</u>
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