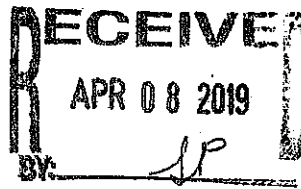


**City of Augusta
Department of Public Education
Out of District Day Request Form
(In-State & Out-of-State Request)**



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

Name: Jessica Inch School: Farrington Elem. Today's Date: 4/3/19
 Name of Professional Development/Activity: WIDA Conference 2019
 Date(s) of Professional Development/Activity: 10-15 to 10-18-19 Location of Professional Development/Activity: Providence, RI

- 1. Please state the purpose of the Professional Development/Activity:**
Experts on teaching multilingual learners converge at one of the premier conferences each year. Participants have access to resources and return to their districts, ready to teach using new knowledge.
- 2. Please explain how the Professional Development/Activity will benefit your students:**
This training will provide me with up to date information about research-based strategies and instructional practices, which I can implement with my students.
- 3. Please explain the arrangements you have made or will make to accommodate your students:**
I will plan for my students so that they have productive learning experiences while I am away.

Substitute Needed? YES NO If YES, indicate # of days: 3 (Wed. Oct. 16 / Thurs. Oct 17 / Fri. Oct. 18)

4. Please cite some examples of sessions you are planning to attend, if applicable. (Attach information if you like) Family Engagement, Equity for multilingual learners, Language Assessments, and effective instruction practices.

Jessica Inch 4-3-19
 Educator's Signature Date

Special Education Director -OR- Program Supervisor Approval Date

X Jen Beard 4-9-19
 Building Administrator's Approval (required for all requests) Date

Don Phelan 4-10-19
 Assistant Superintendent's Approval (required for all requests) Date

Anastase 4/10/19
 Superintendent's Approval/Board Approval Date
 (required for out-of-state & overnight requests - to be made 1 month prior)

Estimated Costs:	Registration	\$ 525
	Accommodations	\$ 388
	Meals	\$ 100
	Travel	\$ 156
	TOTAL	<u>\$ 1,169</u>
Budget Account #	<u>0268-1100-1000-00-950-000</u>	
	<u>19-00-655810</u>	
*PLEASE NOTE:		
<i>If This Form Requests the Use of a Professional Development Day, Employee is Responsible for Registration</i>		

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

RECEIVED
 APR 08 2019
 SP

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

Name: Maria Elena Johnson School: Cony High School Today's Date: 4/2/19

Name of Professional Development/Activity: WIDA Annual Conference

Date(s) of Professional Development/Activity: Oct. 15-19, 2019 Location of Professional Development/Activity: Providence, Rhode Island

1. Please state the purpose of the Professional Development/Activity:
To meet other ELL Educators and attend multiple workshops

2. Please explain how the Professional Development/Activity will benefit your students:
I'd like to bring back new ideas/techniques to use with my students;
 I'd also like to learn new material for my own professional growth.

3. Please explain the arrangements you have made or will make to accommodate your students:
I will leave appropriate lessons for my students with a 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):
Everything will be focused on the theme "Teaching for Equity in a Multilingual World."

Maria Elena Johnson 4/2/19
 Educator's Signature Date

[Signature] 4/4/19
 Special Education Director - OR - Program Supervisor Approval Date

[Signature] 4-23-19
 Building Administrator's Approval (required for all requests) Date

[Signature] 4/23/19
 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	\$	<u>525</u>
	Accommodations	\$	<u>388</u>
	Meals	\$	<u>150</u>
	Mileage	\$	<u>156</u>
	TOTAL		<u>\$ 1169</u>

Budget Account #: 0248-1100-1000-00-950-000-
19-00-455810

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

For Central Office Use Only:
 Pre-Flight Confirmation #:

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
APR 05 2019
BY: SP

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

Name: Robin Wilkinson School: Farrington Today's Date: 4-3-19

Name of Professional Development/Activity: 2019 WIDA Annual Conference

Date(s) of Professional Development/Activity: 10-15 to 10-18-2019 Location of Professional Development/Activity: Providence, RI

- Please state the purpose of the Professional Development/Activity:
Experts on teaching multilingual learners converge at one of the premier conferences each year. Participants have access to innumerable resources and return to their districts, armed with knowledge.
 - Please explain how the Professional Development/Activity will benefit your students:
It will provide me with the most up-to-date information about research-based strategies and instructional practices, which I can then implement with my students and share with my colleagues.
 - Please explain the arrangements you have made or will make to accommodate your students:
I will plan for my students so that they have productive learning experiences while I am away.
- Substitute Needed? YES NO If YES, indicate # of days: 3 (Wed. Oct. 16 / Thurs. Oct 17 / Fri. Oct 18)

4. Please cite some examples of sessions you are planning to attend, if applicable. (Attach information if you like) General topics include effective instructional practices, language assessment, family engagement, equity for multilingual learners

Educator's Signature: Robin Wilkinson Date: 4-3-19

Special Education Director -OR- Program Supervisor Approval _____ Date _____

Building Administrator's Approval (required for all requests) Jean Bense Date: 4-9-19

Assistant Superintendent's Approval (required for all requests) Demetrius Date: 4-10-19

Superintendent's Approval/Board Approval Janastase Date: 4/10/19
(required for out-of-state & overnight requests - to be made 1 month prior)

Estimated Costs:	Registration	\$	<u>525</u>
	Accommodations	\$	<u>388</u>
	Meals	\$	<u>100</u>
	Travel	\$	<u>156</u>
	TOTAL		\$ <u>1,169</u>
Budget Account #	<u>0268 1100-1000-00-950-000-19-00-</u> <u>655870</u>		
*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