

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

**RECEIVED**  
FEB 06 2015  
BY: \_\_\_\_\_

Name: Tracy Kinney Today's Date: 2/6/2015 School: Cony Location of conf/workshop: Boston MA

Name of Conference/Workshop: NCTM National Conference Date (s) of Conference/Workshop: 4/15/15 - 4/17/15

1. Please state the purpose of the conference/workshop:  
NCTM National Conference - Workshops RE: mathematics teaching and best practices
2. Please explain how the conference will benefit your students. I will bring back to the classroom strategies to help students achieve in mathematics.
3. Please explain the arrangements you have made or will make to accommodate your students. Sub Plans
4. Please cite some examples of sessions you are planning to attend. (Attach information if you like) Various Workshops.

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 1/2</u>

Tracy Kinney  
Educator's Signature

\_\_\_\_\_  
Special Education Director -Or- Program Supervisor

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

\_\_\_\_\_  
Assistant Superintendent's Approval

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

Please send all requests to Donna Madore, Central Office

**PLEASE NOTE - THIS FORM REQUESTS USE OF A "PROFESSIONAL DAY"  
EMPLOYEE IS RESPONSIBLE FOR REGISTRATION**