

YORK PUBLIC SCHOOLS
York, Nebraska

Professional Growth Request

Participant's Name _____

Name of Activity _____

Sponsoring Institution/Organization _____

Presenter _____

Number of clock hours of event: _____ Date of event: _____

(Teachers: Please fill out top portion of this form and submit to the District Office after event)

For District Office Use Only:

_____ The above activity is approved for _____ units.

_____ The above activity is not approved.

Superintendent

Date

Approved: 05/13/2013

Reviewed: 04/22/2013

Revised: 04/22/2013