

**Oak Grove School District #68  
Professional Development Request and Verification Form**

Name:	Date of Request:
-------	------------------

Title of Activity & Sponsor:
------------------------------

Location:	Fee: \$
-----------	---------

Number of Contact hours:	Date of Activity:
--------------------------	-------------------

School Improvement Goal Addressed by Activity:
--

-----

Approved:    ___Yes ___No	Principal Signature: _____
	Superint. Signature: _____

**Verification of Attendance**

Please summarize what you learned, how it related to SIP goal, and how you will use it in your classroom.
---

Signature:	Date:
------------	-------