

LAKE COWICHAN TEACHERS' ASSOCIATION

Application for Professional Development (Page 1)

APPLICATION PROCESS	1. Applicants must submit this form, <i>Application for Professional Development</i> (Page1), no later than 21 DAYS PRIOR TO THE EVENT .		
	2. If an applicant is planning to use a school day, the applicant must inform their School Administrator of their intent to attend a Pro-D event on a school day and that they will be absent.		
	3. The LCTA Pro-D Chair, working with the Pro-D Committee, approves, signs, and returns the <i>Application for Professional Development</i> (Page 1) to the applicant.		
	4. The applicant then completes and submits the <i>Event Evaluation</i> (Page 2), with all original receipts, and the signed <i>Application</i> (Page 1) to the Pro-D Chair and Committee to verify and record for the purpose of reimbursement.		
		Submission date:	
Applicant:		School:	
Name of the event:		Event date:	
Event Location: Event description:		Number of school days involved:	
Expenditure (items with an * require original receipts) Requested Approved			Approved
 Registration Fees* 		noquesica	
Redistra	ation Fees*		Approved
			Approved
Transportation	on		Approved
Transportation Airfare	on		Approved
Transportation Airfare Ferry*	on / Bus*		Approved
Transportation Airfare Ferry*	on / Bus* : (km): @ \$0.54/km		Approved
Transportation Airfare Ferry* Mileage Accommoda	on / Bus* : [km]: @ \$0.54/km tion*		Approved
Transportation Airfare Ferry* Mileage Accommoda Hospita	on / Bus* : (km): @ \$0.54/km		Approved
Transportation Airfare Ferry* Mileage Accommoda Hospita	on / Bus* (km): @ \$0.54/km tion* lity: max. \$25/night		Approved
Transportation Airfare Ferry* Mileage Accommoda Hospita Hotel: m	on / Bus* (km): @ \$0.54/km tion* lity: max. \$25/night		Approved
Transportation Airfare Ferry* Mileage Accommoda Hospita Hotel: m Meals Breakfa	on / Bus* : (km): @ \$0.54/km tion* lity: max. \$25/night nax. \$100/night		Approved
Transportation Airfare Ferry* Mileage Accommoda Hospita Hotel: m Meals Breakfa Lunch: 0	on / Bus* (km): @ \$0.54/km tion* lity: max. \$25/night nax. \$100/night		Approved
Transportation Airfare Ferry* Mileage Accommoda Hospita Hotel: m Meals Breakfa Lunch: 0	bn / Bus* (km): @ \$0.54/km tion* lity: max. \$25/night nax. \$100/night st: @ \$12.00/day @ \$14.00/day @ \$24.00/day		Approved
Transportation Airfare Ferry* Mileage Accommoda Hospita Hotel: n Meals Breakfa Lunch: 0 Dinner: Other (specie	bn / Bus* (km): @ \$0.54/km tion* lity: max. \$25/night nax. \$100/night st: @ \$12.00/day @ \$14.00/day @ \$24.00/day		Approved
Transportation Airfare Ferry* Mileage Accommoda Hospita Hotel: n Meals Breakfa Lunch: 0 Dinner: Other (specification)	E (km): @ \$0.54/km tion* lity: max. \$25/night nax. \$100/night st: @ \$12.00/day @ \$14.00/day @ \$24.00/day fy)*:		Approved

FOR OFFICE USE

Signature of the LCTA Pro-D Chair & Date

Total Pro-D Amount



LAKE COWICHAN TEACHERS' ASSOCIATION

Event Evaluation (Page 2)

EVENT EVALUATION INSTRUCTIONS

- 1. Applicants must complete this form, *Event Evaluation* (Page 2), and submit it along with all original receipts, and the signed *Application* (Page 1) to the Pro-D Chair and Committee to verify and record for the purpose of reimbursement.
- 2. Teachers attending workshops, conferences, or seminars are expected to be available as a local resource person for their school staff and/or other district teacher group(s). Appendix B, 4.15

Event Name:	Event Sponsor:	
Event Synopsis: What were the learning objectives of this event?		
Event Reflection: What specific ideas and practices resonated with you and why?		
Personal Reflection: How will you use the experience in your daily work?		
Tersonal Renection. Flow will you use the exper	lence in your daily work?	
Building Capacity: How do you see yourself sharing the benefits of this event with your peers?		
☐ Having informal discussions with your collect	ques	
☐ Working within a Professional Learning Com	· · · · · · · · · · · · · · · · · · ·	
 Presenting at a school-based Pro-D Day Presenting at a district-based Pro-D Day in N 	Nay	
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