

**Dedham Public Schools
Office of Curriculum, Instruction, and Assessment
Professional Day/Conference Request Form**

Applicant Information

Name: _____ Date: _____

Role: _____ Building: _____

Conference Information

Applicants please note that this application will not be approved if (a) it is not submitted at least 30 calendar days prior to the conference (b) the application is incomplete, and (c) you do not provide information about the conference you wish to attend (registration forms, fliers, etc.)

Title of Conference:		Fee:
Location:	Date(s):	Time:
Focus of Conference:		
Provide a brief explanation of this conference's alignment to district, school, and individual improvement goals.		
# of PDPS earned:	PDPS Applied to my Certification as:	

If approved to attend this conference, I agree to share my experience and learning from this conference with my colleagues via staff meeting, professional development day, common planning time, etc.

Applicant _____ Date _____

Principal _____ Date _____

Department Head _____ Date _____

Assistant Superintendent _____ Date _____