

ARDMORE CITY SCHOOLS
Permission to Attend Workshop

Employee Name: _____ School: _____

Name of Workshop/Meeting: _____

Date of Workshop/Meeting: _____ Location of Meeting: _____

Briefly describe the meeting and its potential benefits:

Item of Expense	Payable to Others *Requires Attached Purchase Request*	Payable to Employee (Submit Claim for Reimbursement Form After travel is completed)
Registration		
Transportation <i>Airfare</i>		
Transportation <i>Personal Vehicle</i> (claim for reimbursement)		
Transportation <i>School Vehicle</i> (payable to ACS Transportation)		
Lodging		
Meals		
Other (rental car, parking, tolls, etc.)		
Total Estimated Costs		
Total of Both Columns		

Special instructions:

- Hotel reservations must be made by the employee. Purchase request must include dates of stay, attendee’s name, seminar title, location, reservation confirmation number and hotel phone/fax numbers.
- Conference registration should be handled by the employee. A copy of the registration form must be attached to the purchase request
- **Employee must complete the “Professional Development Evaluation” form completely and return to Shirley Morgan, Federal Programs Director upon return from any professional development activity or event**
- Use of a school vehicle requires a Transportation Request form that has to be submitted to the Transportation Department. Form must include seminar title, attendee’s name, location and dates of travel.

Budget/Grant to be charged: _____

Employee’s Signature: _____ Date: _____

Principal/Supervisor’s Approval: _____ Date: _____

Asst. Supt. for Personnel’s Approval: _____ Date: _____

Business Manager’s Approval: _____ Date: _____

Federal Program Director’s Approval: _____ Date: _____



ARDMORE CITY SCHOOLS
SIMPLY THE BEST

EMPLOYEE NAME

SITE

DATE OF EVENT

PROFESSIONAL DEVELOPMENT EVALUATION FORM

- This form is required to be completed by all employees when they attend a professional development event which is not hosted by Ardmore City Schools.
- This form should be submitted to Shirley Morgan, Federal Programs Director, upon the employee's return from the professional development event.
- The agenda of the event must be attached to this form.

Please rate the four statements below by circling the appropriate number.

	Strongly agree			Strongly disagree	
1. This session/event met my expectations.	5	4	3	2	1
2. The materials were appropriate.	5	4	3	2	1
3. The presenter(s) were well prepared and informative.	5	4	3	2	1
4. I feel well prepared to teach this material.	5	4	3	2	1
5. I found the following strategies to be most valuable:	5	4	3	2	1

6. Additional comments: _____

EMPLOYEE SIGNATURE

I verify that _____ was in attendance at the professional

development event: _____

on _____.

Signature of Presenter
or attach certificate of attendance