

# Paul Bunyan Education Cooperative Staff Development Request Form

Employee Name: \_\_\_\_\_ Date Request Submitted: \_\_\_\_\_

Title of conference or workshop: \_\_\_\_\_

Conference Date(s) : \_\_\_\_\_ Location: \_\_\_\_\_

Estimated Costs:

Registration Fee	_____
Mileage	_____
Lodging	_____
Meals	_____
Other	_____
<b>Total</b>	_____

Please explain how this conference or workshop will benefit you and special education students:

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Please explain how you will bring back your learning and share/present it to your colleagues:

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Since there are often group registration discounts, please indicate if you are aware of any other Co-op staff that are interested in attending: \_\_\_\_\_

**\*\*Please submit this form to Jen with the conference information and registration form**

**\*\*If request is approved, please submit this form, conference information, and completed registration form to Karla Nesheim**

Approved

or

Not Approved

\_\_\_\_\_  
Jen Johnson, Director of Special Education

\_\_\_\_\_  
Date