

NAME: _____

PROFESSIONAL DEVELOPMENT PROGRAM REQUEST FOR CONSIDERATION

DATE OF REQUEST: _____

SCHOOL:	CD	JS	MS	SS	ADMIN

DEPARTMENT/POSITION:

Continuing Education Grants

Department of Education now requires all teachers holding PA certification to earn six graduate credits <u>or</u> 180 hours of in-service training every five years. Attendance at conferences and workshops can be used to satisfy the latter requirement. In order to encourage teachers and staff to attend professional training sessions a teacher or administrator may receive funding to attend such sessions. ELIGIBILITY: All teachers and administrators are eligible regardless of time of service. This program is not limited to certified teachers. CONDITIONS: Teachers must have school head approval, and administrators must have supervisor approval, prior to application to					
may receive a Continuing Education Grant to fund such sessions. Under the <u>Continuing Education Act (Act 48)</u> , the Pennsylvania Department of Education now requires all teachers holding PA certification to earn six graduate credits og 180 hours of in-service trainin every five years. Attendance at conferences and workshops can be used to satisfy the latter requirement. In order to encourage teachers and staff to attend professional training sessions a teacher or administrator may receive funding to attend such sessions. ELIGIBILITY: All teachers and administrators are eligible regardless of time of service. This program is not limited to certified teachers. CONDITIONS: Teachers must have school head approval, and administrators must have supervisor approval, prior to application to ensure that the conference or workshop is beneficial and that adequate classroom/department coverage is available. Title of Conference/Workshop:					
Item	Cost				
ТО	 TAL				
st two years:					
DATES					
	ttend professional training session ne <u>Continuing Education Act (Act</u> to earn six graduate credits <u>or</u> 18 satisfy the latter requirement. In o may receive funding to attend suc ime of service. This program is ne tors must have supervisor approver proom/department coverage is ava				

2. ______ 3. _____ *Please provide a brief description of how plan to share the new found knowledge obtained from this opportunity with the Shady Side Academy community?*

Signature _____

Supervisor's Approval _____