

**TEACHER
PROFESSIONAL GROWTH DAY**

In order to qualify for substitute teacher pay, this form must be approved by the Superintendent of Schools. After this form has been approved, it will be returned to you to attach to the substitute teacher request.

Name of teacher: _____ **Date:** _____

Professional Activity: _____ **Date of Activity** _____

Hours Attended: _____

Where: _____

What: _____

Why: _____

Value to you: _____

ACTIVITIES THAT QUALIFY: Classroom Observation
 Workshop
 Seminar

All expenses such as travel and/or fees are the responsibility of the teacher.

_____ (Principal's Signature)

Approved by: _____
 Superintendent of Schools

Date Approved: _____

Please Note: Attach to this sheet to Substitute Teacher Form