

Approved \_\_\_\_\_  
Not Approved \_\_\_\_\_

# WOODVILLE ISD Professional Development Pre-Approval Form

Name \_\_\_\_\_ Campus \_\_\_\_\_

Staff Assignment \_\_\_\_\_

Requested Professional Development \_\_\_\_\_

Date(s) \_\_\_\_\_ Location \_\_\_\_\_ Hours \_\_\_\_\_

Cost \$ \_\_\_\_\_ Overnight Stay Y or N How many nights? \_\_\_\_\_

**Any professional development that is obtained shall be shared with other stakeholders at the campus level and /or district level.**

**Professional Development/Activity Aligned to:**

- Classroom Management
- Instructional Strategies
- Data Analysis and Decision-Making
- Student Motivation
- AP/GT Training  
(Prior approval from GT Coordinator required.)
- Curriculum Alignment
- Response to Intervention
- TEKS Updates
- Special Education
- Other \_\_\_\_\_
- Instructional Technology
- Behavioral Strategies
- Specific Content Knowledge
- Special Programs

Please briefly describe how the professional development activity will be utilized to improve the instructional process and effectively prepare students to meet state or local achievement standards.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

Curriculum Director Signature \_\_\_\_\_ Date \_\_\_\_\_