PAR Professional Growth Conference Request/Reflection Form

PLEASE COMPLETE THIS PORTION **BEFORE** ATTENDING EVENT/WHEN REQUESTING FUNDS	
Name:	Date:
Site:	
Title of Conference:	
Date(s) of Conference:	
Please send to: Ani Silva, District Office Required: ● Attach conference overview (flyer, sessions offered, etc) ● Date you plan to present to your colleagues ● Complete question below: *(attach pages as needed*)	
Please state your intentions for attending this conference. What do you hope to learn? Provide examples	

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PLEASE COMPLETE THIS PORTION **AFTER** ATTENDING EVENT/PRESENTING TO COLLEAGUES	
Please complete and return to the PAR committee within 30 days of conference attendance. Please send to: Ani Silva, District Office Required: ● Principal's Signature ● Date presented to Colleagues ● Complete questions listed below: *(attach pages as needed*)	
What will you implement in the classroom to impact student learning? Provide several examples	
What is an important idea or strategy you feel is the most valuable to share with your colleagues? *(a minimum of 10-15 minute presentation is required)*	
Principals Signature:	Date of Presentation:
Teacher Signature:	

Received by PAR Committee Date: ______________Signed: __________________________