



Professional Learning Request Form

Professional growth is important to the district; however, it must be aligned to the district's goals and daily responsibilities. This form is designed to capture professional learning opportunities and how this opportunity improves teaching and learning across the district.

Questions to ponder: How do I capitalize on this opportunity to increase the teaching and learning capacity of staff and students? How will I share what I have learned? Please complete and return to Dr. LaTisha Smith latisha.smith@slps.org. **This document must accompany all travel paperwork prior to submission for supervisory and budget approval.**

1. **Name:** LaTisha Smith
2. **School/Department:** Department of Professional Development
3. **Position/Job Responsibility:** Director of Professional Development
4. **Conference title, location, date and description:** US Department of Education Meeting
5. **Which TP 4.0 Pillar does this professional learning opportunity support?** (Please visit: www.slps.org/TP4)

Pillar 3 CULTIVATE LEADERS WHO FOSTER CULTURALLY RESPONSIVE LEARNING ENVIRONMENTS
6. **Which specific goal or district priority goal(s) does this align to within the identified Pillar from the previous question?**

GOAL 1: By June 30, 2025, SLPS will have developed a program that provides professional development to leaders districtwide in order to foster effective, culturally responsive learning environments
7. **How does this learning translate to teaching and learning in SLPS?**
8. **How will you share this learning with your peers/building leaders?**
I will share the conversation and action plan with all necessary constituents upon return.

9. **What is your expected timeline for sharing this learning opportunity through the format designated in #8?** Immediately. Within the week of return as part of my weekly update with my supervisor. We will determine next steps as applicable.

REQUESTER: (Signature & Date): _____ Date: _____
Employee

RECEIVED: (Signature & Date): _____ Date: _____

LaTisha.Smith@slps.org

This section only is to be completed by the Superintendent/Deputy Superintendent:

ACCEPTED: YES

NO

Rationale: