

**Request for Extended Travel**

(THIS REQUEST FORM REQUIRED FOR TRAVEL OUTSIDE OF THE 200-MILE RADIUS)

**NAME:** Christine Blouke – district office

**DATE:** June 14 – June 15, 2010

**DEPT/BUILDING:** District

**PURPOSE:** Attend the Local AIMSweb Manager 2-Day Workshop

**DISTRICT BENEFIT:** AIMSweb is a benchmark and progress monitoring system based on direct, frequent and continuous student assessment. The results are reported to students, parents, teachers and administrators via a web-based data management and reporting system to determine response to intervention. As Director of District Assessment, Christine is training to be the district system manager.

**TRAVEL DETAILS:** 1. **DESTINATION:** Roswell, Georgia

2. **TRAVEL DATES:** June 13 – June 15, 2010

<i><b>ESTIMATED EXPENSES:</b></i>	<i><b>DESCRIPTION</b></i>	<i><b>COST</b></i>
• TRAVEL	Roundtrip PDX to Roswell	\$790.00
• MEALS	Per Diem- 3 ½ days	\$171.50
• LODGING	2 nights at approx. \$85.32 Courtyard @ Marriott	\$170.64
• REGIS/FEES	Registration Cost	\$349.00
• SUBSTITUTE	N/A	\$000.00
• OTHER	Mileage – Airport is 20 miles from Roswell – plus trips to conference – approximately 100 miles Car Rental – approximately	\$55.00 \$261.06

**TOTAL:** \$1797.20

**BUDGET SOURCE(S):**

<b>Sosource</b>	<b>Budget Code</b>	<b>Amount</b>
• GENERAL FUND:		
• WORKSHOP FUNDS:		
• CONTRACT REQUIREMENT:		
• OTHER:	52-79-2240-64-0342 - HS Title IID	\$1797.20

**TOTAL:**

*mz 4/11/10*

**SUPERVISORS RECOMMENDATION AND COMMENTS:**

AIMSweb is the district's assessment screener and progress monitoring system in mathematics and literacy for the district K-12. Our Educational Technology and Assessments Coordinator has not been to a formal training of AIMSweb. Our district staff has questions about the AIMSweb system that the School Improvement Office cannot answer without more training. This training will give the Educational Technology and Assessments Coordinator the knowledge and skills needed to understand the system with more depth.

SUPERVISOR SIGNATURE:

Karen Gray

**SEND FORM TO SUPERINTENDENT/DESIGNEE:**

**SUPERINTENDENT/DESIGNEE RECOMMENDATIONS/COMMENTS:**

OK K Gray 4-13-10

**BOARD ACTION:**

NOT-REQUIRED \_\_\_\_\_ REQUIRED \_\_\_\_\_  APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_ DATE: \_\_\_\_\_

**I AGREE THAT ALL OF THE INFORMATION ON THIS FORM IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.**

EMPLOYEE SIGNATURE:

Christine Blouke

DATE:

4/12/10