

Request for Extended Travel*(THIS REQUEST FORM REQUIRED FOR TRAVEL OUTSIDE OF THE 200-MILE RADIUS)***NAME:** Julie Sams, Jennifer Heikes, Andres Aceves**DATE:** 2/10/16-2/13/16**DEPT/BUILDING:** Student Services Department**PURPOSE:** Attend the National Association of School Psychologists Annual Conference

DISTRICT BENEFIT: They will participate in professional development sessions on the following topics:
Creating an Inclusive School Environment For Transgender and Gender Diverse Students: Tools for Leading Change,
Trauma-Informed School Practices, Building Capacity in Supporting Teachers Implementing Behavior Support Plans,
Social-Emotional Learning Strategies at Tier 2 and Tier 3, Special Education Law, etc.

TRAVEL DETAILS: 1. **DESTINATION:** New Orleans, Louisiana2. **TRAVEL DATES:** 2/9/16, 2/13/16

<u>ESTIMATED EXPENSES:</u>	<u>DESCRIPTION</u>	<u>COST</u>
• TRAVEL	Round-trip Airfare	\$331.86 for each of the 3, Total = \$995.88
• MEALS		No cost to district, they will pay on their own
• LODGING		No cost to district, they will pay on their own
• REGIS/FEES		No cost to district, they will pay on their own
• SUBSTITUTE	No substitutes needed for School Psychologists	No cost to the district
• OTHER	NA	NA

TOTAL: \$995.88**BUDGET SOURCE(S):**

Source	Budget Code	Amount
• GENERAL FUND:		

• WORKSHOP FUNDS:		
• CONTRACT REQUIREMENT:		
• OTHER: IDEA Enhancement Grant	220-2230-0342-110-000-000	\$995.88

TOTAL: \$995.88



Director Business + Operations

11/18/15

Date

SUPERVISORS RECOMMENDATION AND COMMENTS:

I recommend approval for Julie Sams, Jennifer Heikes and Andres Aceves to attend the National Association of School Psychologists Annual Conference. This conference provides an opportunity for them to participate in high quality professional development designed specifically to improve the practice of school psychologists. They will be attending sessions that directly focus on issues we are working on in Parkrose.

SUPERVISOR SIGNATURE:  11.9.15

SEND FORM TO SUPERINTENDENT/DESIGNEE:

SUPERINTENDENT/DESIGNEE RECOMMENDATIONS/COMMENTS:

please approve K Gaur
11-18-15

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: Kathryn Kevin Robinson

DATE: 11.18.15