

Parkrose School District #3
Board Policy DLC/DLC-AR-Form

Request for Extended Travel

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

NAME: Shannon Kirkpatrick

DATE: February 18, 2022

DEPT/BUILDING: English Dept. Parkrose High School

PURPOSE: Attending national AP English Language Reading

● **DISTRICT BENEFIT:**

Grading the official AP English Language test is some of the best AP professional development possible. Seeing patterns in strong student essays and weak student essays helps me to create more robust and effective lessons for next year's students. Also, learning the rubrics inside and out allows me to break down and translate the necessary skills to students in a much more clear and understandable way. Additionally, collaborating with other AP English teachers from across the country to share best practices and ideas for how to improve student performance is invaluable. Students who take AP English Language at Parkrose will benefit directly from the inside knowledge I bring back, and will be more likely to pass the test and get college credit.

TRAVEL DETAILS: 1. DESTINATION: Tampa, Florida

2. TRAVEL DATES: June 9 - June 17

| <u>ESTIMATED EXPENSES:</u> | <u>DESCRIPTION</u> | <u>COST</u> |
|----------------------------|-------------------------------|-------------------------------|
| ● TRAVEL | flight to Florida | \$0 (College board covered) |
| ● MEALS | provided in convention center | \$0 (College board covered) |
| ● LODGING | Westin | \$0 (College board covered) |
| ● REGIS/FEES | none | \$0 (College board covered) |
| ● SUBSTITUTE | June 9-10 and June 13-17 | $244.84 \times 7 = \$1713.88$ |
| ● OTHER | | |

TOTAL: _____

BUDGET SOURCE(S): 100.2240.0249.100.330.000

Budget Code
Certified Workshop
\$750.00

| <u>SOURCE</u> | <u>BUDGET CODE</u> | <u>AMOUNT</u> |
|-----------------------------|--------------------|---------------|
| • GENERAL FUND: | | |
| • WORKSHOP FUNDS: REQUESTED | | \$1713.88 |
| • CONTRACT REQUIREMENT: | | |
| • OTHER: | | |

TOTAL: \$1713.88

SUPERVISORS RECOMMENDATION AND COMMENTS:

approved

SUPERVISOR SIGNATURE:

Molly T. O'Keefe

SEND FORM TO SUPERINTENDENT/DESIGNEE:

SUPERINTENDENT/DESIGNEE RECOMMENDATIONS/COMMENTS:

Business Director CP


Date 3/7/22

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:  _____

DATE: Feb. 17, 2022 _____