

**AMPHITHEATER PUBLIC SCHOOLS
STAFF TRAVEL/CONFERENCE REQUEST**

THIS FORM SHOULD BE USED FOR ALL TRAVEL EXCEPT THAT TRAVEL WITHIN PIMA COUNTY OR A.I.A. SANCTIONED EVENT TRAVEL.

EMPLOYEE(S): Rowdy Frederiksen, Alison Knight, Kerri Matzdorff, Stephanie Hamrick, Kimberly Smith, Peggy Marner, Jennifer Krim, Capella Hauer, Rowdy Frederiksen, Gina Goldberg, Gabrielle Robustelli and Amy

Rudd _____ SCHOOL: Holaway

Department (opt.): _____

DATE(S): July 19th-22nd

ACTIVITY/EVENT: Advancement Via Individual Determination Summer Institute

LOCATION: Washington State Convention Center-705 Pike St, Seattle, WA 98101

ABSENCE: # Days 4 Sub Required: Yes No # of School Days Missed 0

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

<u>APPROXIMATE COST</u>		<u>BUDGET CODE/DESCRIPTION</u>
Registration	<u>\$10,200</u>	<u>100-21-100-2210-6360-108-0000</u>
Transportation	<u>\$4,368</u> Mode <u>Airplane</u>	<u>100-20-100-2210-6582-108-0000</u>
Rental Car	_____	_____
Meals	<u>\$3,000</u>	<u>100-21-100-2210-6582-108-0000</u>
Lodging	<u>\$6,696</u>	<u>100-21-100-2210-6582-108-0000</u>
Substitutes	_____	_____
TOTAL	<u>\$24,264</u>	

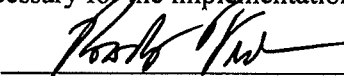

(Note: Tax credit contributions are District funds and require a budget code.)

The District will (or) will not receive reimbursement from outside sources.

Purpose of travel: AVID (Advancement Via Individual Determination) training for our teaching staff working to support the full implementation of the AVID program site wide.

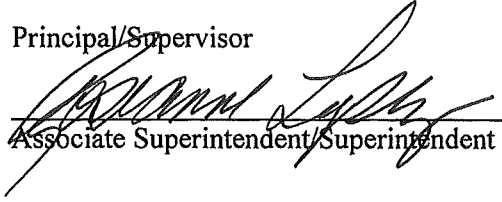
Outcomes and academic benefits to students and staff: Staff will learn effective instructional practices and will work with the Holaway site team to develop school wide implementation plan. AVID supports our efforts provide high quality instruction focusing in on personalizing the learning for our students. Staff professional development for teachers will further student achievement and create student support systems.

The travel is necessary for the implementation of the project funding the travel.

Submitted by:  5-4-20
 Signature _____ Date _____
 5/4/20

Principal/Supervisor

Date


Associate Superintendent/Superintendent

5/4/2020
Date

rev. 8/25/17