

Professional Learning Supplemental (PLS “Please”) Fund Request



Study Groups / Individual Conference Participation

Note: This form can be filled out individually or as a group

Maximum request is \$ 100- per person per school year (upon depleting personal PD funds)

Names of participant(s): _____

School(s) represented: _____

Book/course/webinar/pd resource description: _____

Purpose of this study group/conference/pd resource? (How will this benefit your practice in the classroom?)

Cost per item (book/registration fee/resource): \$ _____

* Include copies of receipts with this form *

Number of items: _____

Total: \$ _____

Max \$100.-

Please check one to send cheque reimbursement:

- To be paid out to individual(s) by school mail
- To mail to home address (below)

Signatures: (please submit an extra page if needed)

Mailing Address:

Please forward to the CDTA office through school mail or email to teacherprod@sd71.bc.ca

Approval of PD Chair _____