

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): _____

Schools represented: _____

Title of the book/course/webinar: _____

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

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

* Include copies of receipts to this form *

Number of items: _____

Total: \$ _____

Please check one to send cheque reimbursement:

- To be paid out to individuals by school mail
- 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 _____