



Delta Teachers' Association

Professional Development Application

Self-Directed

Form 5160SD

110—4977 Trenant Street, Delta, BC V4K 2K5
 Fax # 604-946-1629 Phone # 604-9460-0391 email: marilyn@deltateachers.org

DTA Use Only	Date Received	Number

Date of Application: _____

Name: _____

School/Worksite: _____

Date(s) of Activity: _____

Describe Planned Activity/PD Plan in Brief: _____

POLICY & PROCEDURE—*please read before submitting your application*

1. Intended for individuals to carry out their **personal** professional development plan. Activities can include: school or program visits, collaboration, mentoring and peer coaching, which cannot be completed outside of a regular school day. Activities must be done during school time. **NOT TO BE USED FOR CONFERENCES OR WORKSHOPS.**
2. Each application is limited to 1 TTOC day per year.
3. This funding is separate from the yearly PD limit.
4. Applications must be received by the DTA office **a minimum of 14 days in advance of the activity.**

DTA FUNDING REQUESTED

Release Time: TTOC required for 1/2 day or 1 day @ \$_____ per day. \$_____

Total amount requested: \$_____

Principals signature (required if absent from school):

School PD Contacts Signature:

APPROVAL (DTA use only)

FUNDING NOT GRANTED:

Reason: _____

FUNDING APPROVED:

Amount \$ _____
 (Please book 48 hours in advance. Call DTA of code etc.)

DTA PD Chair Signature: _____

Accounting purposes only (DTA use)

Date: _____

Cheque # _____

Amount: \$ _____