

Professional Development Reimbursement Form

Name: _____

Address: _____

Email: _____ Phone: _____

Private School: _____

Title of Training _____ Date(s) of Training: _____

Amount of reimbursement request (from page 2) \$ _____

For each item below, please provide a 1 to 5 rating by circling a number after each statement.

1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree

The professional development was of high quality.	1	2	3	4	5
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The professional development met our identified needs assessment	1	2	3	4	5
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I can use knowledge and skills gained during this professional development to impact student learning	1	2	3	4	5
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Opportunities to network and learn from colleagues were supported	1	2	3	4	5
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An appropriate balance between presentation and interaction was achieved	1	2	3	4	5
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The presenter(s) used high quality materials	1	2	3	4	5
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Classroom teachers have influence in the school's professional development plan	1	2	3	4	5
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I understand that my signature below affirms that I am requesting reimbursement for training I attended that I paid with my personal account. I did not use private school funds to support this activity.

Signature

Date

Cost Details

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	TOTAL
enter date (mm/dd/y								
Breakfast								
Lunch								
Dinner								
Taxi/shuttle								
Flight								
Registration								
Hotel								
Other								

Total \$

Attach original, itemized receipts to this form, and return to:

Seattle Public Schools Private
Attn: Marlene Meyers
Mailstop 33-182
PO Box 34165
Seattle WA 98124-1165