

Contact Name:		
Names of Employees Reque	esting to Travel:	
Name:	C -1 1/D	Position Title:
Please list any out-of-state con school funds:	ferences that have been attended by these emplo	oyees in the last 3 year and paid for with
How will this benefit you, you	r school, and how does this meet the <i>Train the T</i>	Trainer model?
Tiew will this concile you, you	believe, which have the 17 www.we 1	TWING MODEL
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	the information learned from this conference or	
PLC, Learning Coach Forum, gro	ide level or department training, districtwide training	g, etc.)
Name/Title of Conference:		
Location of Conference:		
Estimated Cost: (Please include	registration fees, transportation, airfare, hotel, per	diem) \$
Executive Staff Approval:		