

COWICHAN DISTRICT TEACHERS' ASSOCIATION
REMEDY PRE-APPROVAL APPLICATION FORM

EMAIL FORM TO: COWICHANDTA@SHAW.CA

Amount may be used for classroom supplies and/or professional development	Date: (mm/dd/yy)
Name: (Last, First)	
Home E-mail:	School/Site:
Supplies Estimate: (please list supplies you wish to purchase)	
Estimated Dollar Amount: \$	
Professional Development	
Name of Event/Workshop (please do not abbreviate) OR <input type="checkbox"/> Self Directed	
Event Location:	
Event Date (mm/dd/yy):	
From	To
Teacher Teaching on Call Required	
<input type="checkbox"/> No – not required	<input type="checkbox"/> Yes, on _____
<input type="checkbox"/> No – non-enrolling	<input type="checkbox"/> full day <input type="checkbox"/> am <input type="checkbox"/> pm

PROFESSIONAL DEVELOPMENT ESTIMATE

Registration Fee

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Travel Costs:

- * Airfare
- * Ferry
- * Bus/Taxi/Parking/Highway Tolls
- * Hotel

- * Mileage (Fuel Grid on CDTA website)
- * Meals: Breakfast \$12 on _____
- Lunch \$14 on _____
- Dinner \$24 on _____

TOTAL ESTIMATE

*** This page must be filled out for both supplies and/or pro-d.**

Teaching and Curriculum: What area(s) of curriculum does your application pertain to?

How will this self-directed professional development and/or supplies request improve and impact student learning or your teaching?

Have you:

- ✓ Completed this form in full?
- ✓ Submitted this form to the CDTA office for pre-approval?
- ✓ Made a photocopy of this application form?
- ✓ Completed the self-directed section if applicable?

You will be advised of your approval via email.

Signature of Applicant: _____

Approved by: _____