

**Teton County School District #401**  
**Request for Professional Development Reimbursement**

Name \_\_\_\_\_ Date Requested: \_\_\_\_\_

Course Name or Workshop \_\_\_\_\_

Course or Workshop Location \_\_\_\_\_

Dates of Course/Workshop \_\_\_\_\_

Explain the benefit to:

1. School and/or staff:
  
2. Classroom:
  
3. Professional Growth:

\_\_\_\_\_  
Building Principal

\_\_\_\_\_  
Date

TOTAL: \$ \_\_\_\_\_