

TYLER INDEPENDENT SCHOOL DISTRICT
SPECIAL EDUCATION DEPARTMENT

Request to Attend Professional Meetings

Convention/Meeting _____

Site _____

Date(s) _____

Approximate Cost of Trip _____

Do you want the Special Education Department to process a Purchase Order for the registration fee? YES NO

*If yes, you MUST attach a copy of the ENTIRE WORKSHOP BROCHURE AND THE COMPLETED REGISTRATION FORM to this request.

If this is a Region VII workshop and this request is approved by your principal and the Director of Special Education, YOU must go on line at www.esc7.net, register yourself, and pay your registration fee with a personal check.

How will attendance of this meeting help you professionally?

Special Education Teacher/Support Staff

Date Submitted

Campus: _____

***FOR TEACHERS/TEACHER ASSISTANTS ONLY:**

_____ Principal's Signature	Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Approved

Not Approved

Comments: _____

Director of Special Education

Date