

**SAN BENITO COUNTY OFFICE OF EDUCATION
Conference/Workshop Attendance Request/Report**

TO: Director

DATE: _____

FROM: _____

Conference/Workshop Requested _____

PROGRAM: _____

Location/City _____

Site Location _____

Dates _____

Briefly Describe: Focus of conference/
workshop and professional relevance/
value to you: _____

Substitute Required? Yes No

Please mark which area of staff development training you are attending:

- | | | |
|-------------------------|---------------------------------------|--|
| 01 Legislation | 06 Interpersonal Skills | 10 Parent Participation |
| 02 Referral | 07 Program Management | 11 LEP/Bilingual |
| 03 Assessment | 08 Inservice Skills | 12 Mainstreaming Least Restrictive Environment |
| 04 IEP Development | 09 Voc/Career Ed. for the Handicapped | 13 Health Related Information |
| 05 Instructional Skills | | |

Who is providing this staff development training?

- SELPA LEA SERN OTHER

Evaluation Form Enclosed

ESTIMATION OF COST:

TRANSPORTATION

- Airfare
- Railroad/Bus
- Personal Car Number of Miles _____
- County Car (Car reimbursement at current rate per mile)

LODGING _____

REGISTRATION _____

MEALS _____

OTHER SPECIFY _____

- PLEASE CHECK if Conference Registration or Hotel Accomodations Require Advance Payment.

Please submit specific information on Purchase Order with this request.

If advance payment is required, this form must be submitted to the Business Office two weeks in advance.

TOTAL ESTIMATED EXPENSE

TOTALS	
	\$ _____

	\$ _____

Budget Account to be Charged _____

Employee Signature _____	Date _____	Director/Supervisor's Signature _____	Date _____
APPROVED <input type="checkbox"/>	BILL to SELPA <input type="checkbox"/> YES	PROGRAM _____	
DISAPPROVED <input type="checkbox"/>	<input type="checkbox"/> NO	All Items Except _____	

COUNTY SUPERINTENDENT/BUSINESS MANAGER

APPROVED

DISAPPROVED

EXPLANATION: _____

DATE _____