



**Request to Attend Conference / Meeting**

**THIS FORM MUST BE COMPLETED AND APPROVED BEFORE REGISTERING FOR THE CONFERENCE/WORKSHOP.**

Individual Attending Mr. Jacob Rogers  
Name of Conference Association of School Psychologists of Pennsylvania  
Location of Conference State College, PA  
Date(s) November 6th and 7th Days of Week Wednesday and Thursday

Are you an active member of the organization sponsoring this event?  Yes  No  
Is this conference directly related to a classroom assignment?  Yes  No

Purpose of conference:

To further develop my understanding and practice of school psychology in the state of Pennsylvania. To maintain my certification as a Pennsylvania school psychologist and to provide me with professional development opportunities. To meet with other school psychologists in the state and discuss challenges or practices that are effective in their schools.

Number of school days absent for conference/meeting: 2  
Total number of days requested for conference/meeting: 2 (include travel time)  
Estimated time of departure: 6:00AM  
Estimated time of return: N/A

**COMPLETE THE FOLLOWING ESTIMATIONS OF EXPENSES:**

Travel: \$60.00  
Lodging: \$90.00  
Meals: \$15.00  
Registration: \$225.00  
Other: \_\_\_\_\_  
**Total Estimated Expenditures:** \$390.00

**SUBSTITUTE NEEDED:**  
 Yes (# of Days) \_\_\_\_\_  
 No

**All receipts must be itemized.  
Tips are not reimbursable.**

Submitted by: Mr. Jacob Rogers Date: 8/30/2019

Recommended to Superintendent:  Yes  No  
Principal Signature \_\_\_\_\_  
Account # \_\_\_\_\_ Amount/% \_\_\_\_\_  
Account # \_\_\_\_\_ Amount/% \_\_\_\_\_

Recommended to School Board for Approval: Dr. Brenda M. Freeman  
Superintendent Signature

Date Approved by School Board: \_\_\_\_\_