Wellsboro Area School District 227 Nichols Street Wellsboro, PA 16901

Request to Attend Conference / Meeting

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

Individual At	tending	Mr. Jacob Rogers	and Dr. Elizabeth I	Barnhart				
Name of Conference Using AimswebPlus and Student Growth Percentiles to Inform Response to Intervention (RTI)								
Location of C						, , ,		
Date(s) 31-	Oct-19			Days of Week	Thursday			
Are you an active member of the organization sponsoring this event?					Yes	O No		
Is this conference directly related to a classroom assignment?					Yes	O No		
Purpose of co	onference:							
decisions abo a specific lea	out studen rning disak	ts' Response to In pility. Special atter	tervention (RTI) fo	or instructional in to the applicatio	itensification an n of growth nor	th indices in this system t d for the potential determ ms to assist with SLD dete	ination of	
Number of school days absent for conference/meeting: 1								
Total number of days requested for conference/meeting: 1 (include travel time)								
Estimated tin	ne of depa	rture: 6:30AM						
Estimated tin	ne of retur	n: <u>4:00PM</u>						
COMPLETE THE FOLLOWING ESTIMATIONS OF EXPENSES: SUBSTITUTE NEEDED:								
		Travel:	\$150.00		○ Yes (# c	of Days)		
		Lodging:	\$0.00		No		į	
		Meals:	\$30.00					
Registration: \$0.00							_	
Other:					All recei	pts must be itemized.		
Total Estimated Expenditures: \$180.00				Tips ar	e not reimbursable.			

Submitted by: Recommended to Superintendent: O Yes	Ragey	Date: 10 / 4/2019
		Principal Signature
Account #		Amount/%
Account #		Amount/%
Recommended to School Board for Approval:		
	Superint	endent Signature
Date Approved by School Board:		
Distribution: Original - District Office	☐ Copy 1 - Teacher	☐ Copy 2 · Building Office