

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 Attending Jill Yusinski, Chelsey Rendos
Name of Conference Eligibility Requirements for Speech & Language Impairment
Location of Conference BLaST IU 17 - Canton Office
Date(s) 1/28/20- full day Days of Week Tuesday

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:

School based practice is challenging especially navigating the intersection where compliance, best practice, our training and appropriate public education intersect. This session will include a fast paced review of psychometric data related to standardized assessments for Speech Language Pathology and an overview of comprehensive assessment to prevent over or under identification of speech language disabilities in the school settings.

Number of school days absent for conference/meeting: 1

Total number of days requested for conference/meeting: 1 (include travel time)

Estimated time of departure: 7:50

Estimated time of return: 4:00

COMPLETE THE FOLLOWING ESTIMATIONS OF EXPENSES:

Travel:	<u>\$17.50</u>
Lodging:	<u>\$0.00</u>
Meals:	<u>\$0.00</u>
Registration:	<u>\$50.00</u>
Other:	<u></u>
Total Estimated Expenditures:	<u>\$67.50</u>

SUBSTITUTE NEEDED:

☐ Yes (# of Days)
☒ No

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

Submitted by: Jill Yusinski

Date: 1/2/2020

Recommended to Superintendent: ☒ Yes ☐ No

E. A. Baim
Principal Signature

Account #

Amount/%

Account #

Amount/%

Recommended to School Board for Approval:

Brenda M. Freeman
Superintendent Signature

Date Approved by School Board: