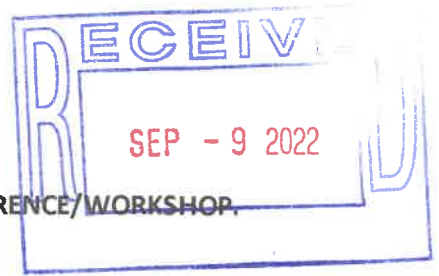


Wellsboro Area School District
227 Nichols Street
Wellsboro, PA 16901



Request to Attend Conference / Meeting

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

Individual Attending Dr. Jacob Rogers, NCSP
Name of Conference Association of School Psychologists of Pennsylvania
Location of Conference State College, PA
Date(s) November 2 & 3 Days of Week Wednesday & 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: 7:00AM
Estimated time of return: N/A

COMPLETE THE FOLLOWING ESTIMATIONS OF EXPENSES:

Travel: \$115.00
Lodging: \$120.00
Meals: \$50.00
Registration: \$150.00
Other: _____
Total Estimated Expenditures: \$435.00

SUBSTITUTE NEEDED:
 Yes (# of Days) _____
 No

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

Submitted by: Jacob Rogers Ed.D., NCSP Date: 9/7/2022
Recommended to Superintendent: Yes No Karen Jarrar
Principal Signature

Account # _____ Amount/% _____
Account # _____ Amount/% _____

Recommended to School Board for Approval: _____
Superintendent Signature

Date Approved by School Board: _____

X-20-5