

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
Name of Conference SLPs: Practical Therapy Techniques for Persistent and Resistant Speech Sound Errors
Location of Conference on line
Date(s) recorded event Days of Week recorded event

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:
- Implement articulation therapy techniques and strategies that promote maximal student progress and move students toward conversational speech in the shortest amount of time, even for persistent speech sound errors
- When and how to address specific phonemes according to current research
- Dozens of practical and effective therapy approaches for distorted "R" "L" and their associated vowels, plus best practice

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: 9:00
Estimated time of return: 3:30

COMPLETE THE FOLLOWING ESTIMATIONS OF EXPENSES:

Travel: \$0.00
Lodging: \$0.00
Meals: \$0.00
Registration: \$279.00
Other: _____
Total Estimated Expenditures: \$279.00

SUBSTITUTE NEEDED:
 Yes (# of Days) _____
 No

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

Submitted by: Jill Yusinski Date: 2/22/2023

Recommended to Superintendent: Yes No [Signature]
Principal Signature

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

Recommended to School Board for Approval: [Signature]
Superintendent Signature

Date Approved by School Board: _____

Distribution: Original - District Office Copy 1 - Teacher Copy 2 - Building Office