

## 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		vidence and Ethical				
Location of Conference Webinar, The Pennsylvania Department of Education, Bureau of Special Education						
Date(s) May 21st, 2	024		Days of Week	Tuesday		
Are you an active me	mber of the organiza	tion sponsoring this	s event?	Yes	O No	
Is this conference dir	ssroom assignment?	•	• Yes	O No		
Purpose of conference	ce:					
service provision. Kn	owing how to discern	credible sources, a	ct as a critical co	nsumer of evide	practices (EBP) in school- nce, and guide teams to porocess in school-based se	utilize EBP
Number of school da	ys absent for confere	nce/meeting:	1			
Total number of days	requested for confe	rence/meeting:	1	(include t	ravel time)	
Estimated time of de	parture: 9:00					
Estimated time of re						
COMPLETE THE FOLL	OWING ESTIMATION	NS OF EXPENSES:		SUBSTITUTE N	EEDED:	٦
	Travel:	\$0.00		O Yes (# o	f Days)	
	Lodging:	\$0.00		● No	-	1
	Meals:	\$0.00				
	Registration:					
			All receip	ots must be itemized.	7	
Total Estin	nated Expenditures:	\$0.00		Tips are	e not reimbursable.	_
Submitted by: Jil	l Yusinski				Date: 4/12/2024	
Recommended to Su	perintendent:	Yes O No	Sar	u Ja	cipal Signature	
Account #				An	nount/%	
Account #				Am	nount/%	
Recommended to Sc	hool Board for Appro	val:	np	Superintendent S		
Date Approved by So	hool Board:			superintendent S	ngnature	
Distribution:	Original - District Office		Copy 1 - Teacher	C	Copy 2 - Building Office	