

OCEAN VIEW SCHOOL DISTRICT

Professional Growth Program



DECLARATION OF INTENT

Instructions: Employee and supervisor prepare a tentative plan for the Professional Growth Program. Participation in professional growth activities must show that the experience will reflect increased knowledge, understanding or skill in the employee’s regular job assignment.

The purpose of this form is twofold: (1) provides an opportunity for employee and supervisor to discuss professional growth; (2) provides official notification to the district of an employee’s intent to participate. These plans may change from time to time.

EMPLOYEE NAME: [Click here to enter text.](#)

DATE: [Click here to enter a date.](#)

CLASSIFICATION: [Click here to enter text.](#)

LOCATION: [Click here to enter text.](#)

TENTATIVE PROGRAM OUTLINE

- 1. COURSEWORK (give a general description of courses to be studied)**
Click here to enter text.

- 2. LECTURES/TRAINING PROGRAMS, CONFERENCES (give tentative list or types of programs desired)**
Click here to enter text.

- 3. LEADERSHIP ACTIVITIES (give names of organizations)**
Click here to enter text.

I hereby make application to participate in the Professional Growth Program. I understand that for each specific activity I must submit a separate form for prior approval.

Employee Signature: _____ **Supervisor Signature:** _____