

- ECPPS Sponsored Training
- Non-ECPPS Sponsored Training

Elizabeth City-Pasquotank Public Schools

**Request for Prior Approval
For Professional Development**

Number of Contact Hours: ____
 Number of Units for Credit: ____
 Date of Training: ____

- Literacy
- DLC
- Content/Academic
- Other
- School Administration

Title of Activity: _____

Elizabeth City-Pasquotank Public Schools' mission is to ensure and provide an innovative, responsive, and safe environment that prepares and engages all learners.

Answer the following TWO questions and attach appropriate documentation such as an agenda, course description, syllabus, etc.

- **How does the proposed activity align with ECPPS' mission?**

- **Identify the NC Professional [Teaching; Principal; Coaching; etc.] Standard(s) to which this proposed activity is aligned and describe how it supports the standard.**

I have examined and certify that the proposed staff development activity is aligned with ECPPS' mission.

(Signature of Requesting Educator) (Date)

(Signature of Principal/Director) (Date)

- Approved
- Not-Approved

(Signature of Chief Academic Officer) (Date)