

Conference Attendance Request Checklist for Private Schools

Prior to submitting a Conference Attendance Request packet, the Professional Learning Activity Request form must be completed and approved by Stockton Unified.

- A Conference Attendance Request (CAR) packet must be completed for the attendance to an event.
- Use this checklist to verify each component is met prior to submission of the Conference Attendance Request (CAR) packet.
- Retain a copy of the complete Conference Attendance Request (CAR) packet for your records at your site.

IMPORTANT: The packet **MUST** include the following in this order, please check the box as each item is completed:

- Conference Coversheet
- Hotel Room Reservation Worksheet (if applicable)
- Air Travel Worksheet (if applicable)
- Conference brochure with detailed schedule of conference (including meal schedule if applicable)
- Map showing mileage from school site* to conference/airport
- Approved Board Agenda Item, if conference is out of state
- Confirmation/copy of **event registration**
- Completed and approved Professional Learning Activity Request form
- Retain** CAR **reimbursement form at school** site until time to submit (within 10 days after the activity)

REMEMBER:

- Hotel folio listing charges with \$0 balance due to be submitted with Reimbursement form
- No Reimbursement for Tipping on Uber or Cabs
- Use long term parking, not short term for airport
 - Submit receipts for taxis/shuttles/parking with reimbursement form
- No receipts are necessary for mileage or meals
- Mileage Reimbursement** is 58 cents per mile until December 31, 2019
- Meal Reimbursement is only if meals are not included in conference or hotel; you cannot claim meals that were provided. Per diem rates are as follows until December 31, 2019:
 - \$13 Breakfast
 - \$14 Lunch
 - \$23 Dinner

POST CONFERENCE ATTENDANCE:

- Complete CAR Reimbursement form and submit with applicable receipts***.
- Complete the Professional Learning Activity Survey form

* Starting mileage always begins at the closest point from home or the school site to the conference/airport.

** Mileage reimbursement is limited to/from conference/hotel/airport. It is not for additional destination stops outside of beginning/ending travel.

***May include an invoice for hourly rate X hours for time attending training outside of normal workday.

Professional Learning Activity Request for Private Schools

Please complete this form for each professional learning activity for Title II or Title IV .

School Wide Goal:
<input type="checkbox"/> Consultant <input type="checkbox"/> Conference/Workshop <input type="checkbox"/> Other _____
Title/Company:
Projected Cost (Identify all components such as registration, transportation, meals, mileage, hourly pay, etc.):
Targeted Subject and Grade Level (if applicable):
Person(s) Responsible:
Description of PD:
Implementation/Monitoring Follow-Up: What steps will be taken to monitor/implement the PD received:
Site Principal Approval: _____ (Signature/Date)
District Administrator Approval: _____ (Signature/Date)



STOCKTON UNIFIED SCHOOL DISTRICT

Conference Attendance Request (CAR) Form

Check Event Type: Conference Out-of-District Meeting

Group Attendee
(___ of ___)

Name: _____ Position: _____ School/Dept: _____
(Last, First, Middle)

Event Title: _____ Location: _____ Dates Attending: _____

Purpose/Justification of Event Attendance: _____

Prepared By: _____ Phone/Email: _____

Check all that apply:

Registration: _____ ESTIMATED COST \$ _____

Transportation: (Reimbursed at lesser of transportation cost.)

Airfare \$ _____

Personal Vehicle: _____ IRS Rate x _____ Total Miles \$ _____

Parking/Bridge Toll: _____ Rate x _____ # of Days/Trips \$ _____

Taxi/Ride Share/Commuter: _____ Rate x _____ # of Trips \$ _____

Lodging:

Hotel: _____ Rate x _____ # of Nights \$ _____

Meals: Dietary Restrictions – check if applicable

• Breakfast #: _____ (Dates: _____) \$ _____

• Lunch #: _____ (Dates: _____) \$ _____

• Dinner #: _____ (Dates: _____) \$ _____

Other Costs: _____ \$ _____

SUBTOTAL ESTIMATED EVENT COST: \$ _____

Substitute:

Substitute: _____ Daily Rate, plus benefits x _____ # of Days \$ _____

Account Code

Funding Source

SUBTOTAL ESTIMATED SUBSTITUTE COST: \$ _____

TOTAL ESTIMATED EVENT COST: \$ _____

DISTRICT OFFICE USE ONLY

Actual Cost Reference

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

I understand that the Conference Attendance Request Form must be submitted at least 45 days prior to the event to ensure adequate and timely processing. I also understand that the Conference Reimbursement Form must be submitted within 10 days after the event with all receipts for actual expenditures (excluding meals) attached.

Attendee's Signature

Date

Account Code

Funding Source

APPROVALS: (Signature/Initial and Date)

_____ Principal/Dept. Mgr.

_____ Asst. Superintendent

_____ Program Adm./Director

_____ Accounting

_____ Budget Office

If denied, indicate reason: _____



STOCKTON UNIFIED SCHOOL DISTRICT

Hotel Room Reservation Worksheet

Check Event Type: Conference Out-of-District Meeting

School/Dept: _____

Site #: _____

Event Title: _____

Location: _____

Prepared By: _____

Phone/Email: _____

Hotel Information:

Hotel Name: _____

Hotel Address: _____

Hotel Website: _____

Reservation Desk Phone #: _____

Attendees:

Name (Last, First, Middle)	Room Share (Yes/No)	Room Type (Bed Size, Special Needs, Etc.)	Confirmation Number (For Purchasing Use Only)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
Total Number of Rooms Needed:			

Lodging Details:

Conference blocked rooms discount code/rate: (If applicable) _____

Membership ID # for discounts (i.e., AAA): (Optional) _____

Check-In Date: _____

Check-Out Date: _____

of nights: _____

Rate per night: _____

Total Cost per room*: _____

Total Group Cost: _____

For Purchasing Department's Use Only:

Cancellation Policy: _____

Method of Payment: District check - hand carry or mail by FedEx

Credit Card

* Includes taxes, fees, Internet, and other applicable and appropriate incidentals.



STOCKTON UNIFIED SCHOOL DISTRICT

Air Travel Worksheet

Check Event Type: Conference Out-of-District Meeting

School/Dept: _____

Site #: _____

Event Title: _____

Location: _____

Prepared By: _____

Phone/Email: _____

1	Full Name on Photo ID <i>(i.e. government issued driver's license/ID, passport)</i>			Birthdate <i>(MM/DD/YY)</i>	Gender <i>(M/F)</i>	Cell Phone:
	Last Name	First Name	Middle			
		City Departing From	City Arriving To	Airline & Flight #	Date & Time <i>(Departure)</i>	Ticket Cost
	OUTBOUND Flight					\$
RETURNING Flight					\$	



STOCKTON UNIFIED SCHOOL DISTRICT

Conference Reimbursement Form

Group Attendee

(___ of ___)

Check Event Type: Conference Out-of-District Meeting

Name: _____
(Last, First, Middle)

Position: _____

School/Dept: _____

Event Attended: _____

Location: _____

Dates Attended: _____

Prepared By: _____

Phone/Email: _____

Check all that apply:

Registration: _____

REIMBURSED COSTS

\$ _____

DISTRICT OFFICE USE ONLY

Actual Cost

Reference

\$ _____

Transportation: (Attach receipts.)

Airfare

\$ _____

\$ _____

Personal Vehicle: _____ IRS Rate x _____ Total Miles

\$ _____

\$ _____

Parking/Bridge Toll: _____ Rate x _____ # of Days/Trips

\$ _____

\$ _____

Taxi/Ride Share/Commuter: _____ Rate x _____ # of Trips

\$ _____

\$ _____

Lodging:

Hotel: (Provide hotel folio indicating charges.)

\$ _____

\$ _____

Meals:

• Breakfast #: _____ (Dates: _____)

\$ _____

\$ _____

• Lunch #: _____ (Dates: _____)

\$ _____

\$ _____

• Dinner #: _____ (Dates: _____)

\$ _____

\$ _____

Other Costs: (Attach itemized receipts.)

_____ \$ _____

\$ _____

SUBTOTAL REIMBURSED COSTS:

\$ _____

\$ _____

Costs: (Not identified on the original CAR. Requires District Administration approval.)

_____ \$ _____

\$ _____

_____ \$ _____

\$ _____

TOTAL REIMBURSED COSTS:

\$ _____

\$ _____

By signing below, I certify that the claimed expenses represent actual and necessary costs incurred while on official district business. I understand that the Conference Reimbursement Form must be submitted within 10 days after the event with all receipts for actual expenditures (excluding meals) attached.

APPROVALS: (Signature and Date)	
_____	Principal/Dept. Mgr.
_____	Accounting

Attendee's Signature

Date

Mailing Address, City, State, Zip Code

Account Code

Funding Source

Professional Learning Survey for Private Schools

Please complete this form following your attendance to a professional learning activity.

Professional Learning Activity Title: _____

Private School Name: _____

Are you a Teacher or Administrator ?

Using the following scale, please check the response best fitting the following statements about the professional learning activities you just participated in:

1 – Don't Know/NA

2 – Strongly Disagree

3 – Disagree

4 – Agree

5 – Strongly Agree

- | | | | | | | | | | | |
|--|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|
| 1. The information provided will be useful to me. | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> |
| 2. I will be able to apply what I have learned. | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> |
| 3. The instructor was knowledgeable. | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> |
| 4. The pace of the workshop was appropriate. | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> |
| 5. There were ample opportunities for participants to ask questions. | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> |
| 6. Goals and objectives were clearly specified. | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> |
| 7. Modeling of professional practices were demonstrated at an appropriate level. | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> |

This session will improve my ability to:

- | | | | | | | | | | | |
|---|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|
| 8. ...engage and support all students in learning. | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> |
| 9. ...create and maintain effective environments for student learning. | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> |
| 10. ...understand and organize subject matter for student learning. | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> |
| 11. ...plan instruction and design learning experiences for all students. | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> |
| 12. ...assess student learning. | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> |
| 13. ...differentiate instruction for struggling learners. | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> |
| 14. ...differentiate instruction for accelerated learners. | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> |

In what ways did this session meet your professional learning needs?

How do you plan to share information from this session with the rest of your staff?

Comments/Suggestions: