



ABBOTSFORD DISTRICT TEACHERS' ASSOCIATION

2570 Cyril Street, Abbotsford, B.C. V2S 2G2

Telephone: 604-854-1946 Fax: 604-850-5100 www.adta.bc.ca

PROFESSIONAL DEVELOPMENT APPEAL FORM

To be completed only if an Administrative Officer denies the Professional Development activity of an ADTA member

SCHOOL/SITE: _____

YOUR NAME: _____

PRINCIPAL'S NAME: _____

① TIMELINES:

1. DATE OF PD ACTIVITY: ___ / ___ / ___ PD DAY? YES NO

2. DATE WHEN PD REQUEST WAS MADE: ___ / ___ / ___

3. DATE WHEN PD REQUEST WAS DENIED: ___ / ___ / ___

① PROCEDURES:

4. DID THE ADTA MEMBERS OF YOUR STAFF CONDUCT A VOTE TO DETERMINE A SCHOOL FOCUS FOR THE PD DAY? YES NO

5. IF YES, WAS THE RESULT A POSITIVE VOTE OF AT LEAST 50%+1? YES NO

6. DID YOU VOTE YES TO PARTICIPATE IN THE EVENT? YES NO

① DETAILS:

- WHAT IS THE TITLE OR FOCUS OF THE PD ACTIVITY/EVENT THAT YOU WILL BE ATTENDING? (WHERE POSSIBLE, IDENTIFY THE ORGANIZATION HOSTING THE EVENT)

- HOW DOES THIS ACTIVITY/EVENT SUPPORT YOUR PROFESSIONAL GROWTH:

- REASONS STATED BY THE AO FOR DENIAL:

MEMBER'S SIGNATURE: _____ DATE: ___ / ___ / ___

PLEASE FORWARD COMPLETED APPLICATION TO THE ADTA OFFICE