



THE NEW YORK CITY DEPARTMENT OF EDUCATION

Dez Ann Romain, Principal
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Brooklyn, New York 11212

Brooklyn Democracy Academy
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Professional Development Request

Date: _____

Teacher: _____

Date Submitted: _____

I am requesting permission to attend Professional Development

Title of Workshop: _____ Date of Workshop: _____

Location of Workshop: _____ Cost: _____

Reason for Request (please state your objective in taking this workshop):

If approved, I will need the following periods covered:

Period	Class	Room

I understand:

- The OP 201 form and documentation such as workshop agenda, verifying my attendance at the workshop must be submitted to **Ms. Raqiba** upon my return to school.
- Emergency lesson plan / Daily Assignment submitted to **Ms. McKenzie** in the main office.

Approving Administrator: _____

Date: _____