

Arlington Community Schools Request for FLEX PD Credit

The completed form must be submitted to ACSFLEX@acsk-12.org at least **2 weeks** prior to the activity when requesting approval for FLEX PD credit. *Approval is not guaranteed upon submission.* You will receive notification prior to the event regarding approval status.

1. First Name: _____
2. Last Name: _____
3. Base School/Location: _____
4. Activity Title: _____
5. Activity Description: _____
6. Activity Date (mm/dd/yy): _____
7. Activity Location: _____
8. Website address , if applicable: _____
9. Enter the number of FLEX PD hours you are seeking for the activity: _____
10. Related Department/Division: _____

(i.e. Reading/Lang. Arts, Math, Science, Social Studies, Technology, SpEd, etc.)

11. Please provide a brief rationale for the request.

How will the activity impact your classroom? What is the anticipated effect upon student achievement?

I understand that evidence of attendance must be provided **within 10 school days** to the district's FLEX email account upon completion of the approved activity to receive credit. (i.e. certificate of attendance, email verification of attendance, etc.)

Yes

No

District Administrator: _____

Date Submitted (mm/dd/yy): _____

Date Approved (mm/dd/yy): _____

Approval/Denial notification sent (email or hard copy): Yes No
