

ST. LAWRENCE VALLEY TEACHERS' LEARNING

Satterlee Hall 106, SUNY Potsdam, 44 Pierrepoint Ave., Potsdam NY 13676
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2009 - 2010

TEACHER VISITATION APPLICATION FORM

1. The Teacher Visitation program is intended to promote professional sharing when that sharing is not possible through district resources. The Teacher Visitation program is not intended to supplant or duplicate district funds for the same purpose nor is it intended for conference attendance.
2. Following approval, a Certification form will need to be completed by the Superintendent as well as an Evaluation form by the teacher(s) involved.

Participant(s) Name(s): _____

Subject and/or Grade Level: _____

District Name: _____

Street or PO Box: _____

Town and Zip Code: _____

Location to be visited: _____

Date (s) of visit: _____

Reason or Purpose for Teacher Visitation: _____

ESTIMATED EXPENSES

ONE CHECK WILL BE ISSUED TO THE SCHOOL DISTRICT COVERING SUBSTITUTE COSTS AND MILEAGE. You will need to recover your mileage from your district.

Substitute Teacher Cost: _____ whole day(s) \$60 max., _____ ½ day(s) = _____

Mileage: _____ total miles @ \$.585/mile (max of 200 miles) = _____

TOTAL COST: _____ \$ _____

Signature of Chief School Officer signifies his/her approval of the above request.

Chief School Officer's Signature

Date