



Request to Attend Professional Development Workshops

Name: _____ Subject Area: _____

Malissa Mootoo
Principal

Leslie Fiske
Assistant Principal

Andrea Tucci
Assistant Principal

Heather Dawe
Resident Principal

Title of Professional Development:	
Date(s) of coverage:	Location:
Please provide a brief description of the professional development:	

Approved

Declined

Signature of Supervisors: _____

Date: _____

* Please note you will be expected to turnkey all professional developments. Your first immediate step in this process is completing a turnkey form which can be obtained in the office.

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