

**TEACHER'S Request for
VISITING or PROFESSIONAL Day**

NORWALK PUBLIC SCHOOLS
Norwalk, CT



(Please submit in Duplicate no less than 14 days in advance)

Today's Date: _____

Name: _____ School or Department _____

I wish to visit/attend: _____

on: _____
Date

This activity will contribute to my professional competence in the following ways:

I will share the benefit of this experience with other staff in the following manner:

Please attach relevant information.

Central Office Supervisor Date

Building Principal Date

⇒ Request to be submitted to the *Assistant Superintendent for Instruction* for final approval.

Assistant Superintendent for Instruction Date

NO LEAVE IS AUTHORIZED WITHOUT THE SIGNATURES INDICATED ABOVE

*This visiting/professional day is not approved until you receive your copy of this form with the
THREE required signatures.*