

# District Provided Professional Development (DPPD) Opt-Out Form

TEACHER NAME: \_\_\_\_\_

## OPTING OUT PD INFORMATION:

Title of District Provided PD (DPPD): \_\_\_\_\_

Date of DPPD: \_\_\_\_\_

Number of Hours of DPPD: \_\_\_\_\_

## ALTERNATE PD INFORMATION:

Reason for request to opt out of DPPD:

---

---

---

Title of Alternate PD replacing DPPD: \_\_\_\_\_

Date of Alternate PD: \_\_\_\_\_

Number of Alternate Hours of PD: \_\_\_\_\_

Cost if any for the Alternative PD: \_\_\_\_\_

\_\_\_\_\_  
Principal/Director Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
Date