

REQUEST FOR INTERVISITATION

Name:	School Phone #:	
School:	Zone:	
Type of Intervisitation:	<input type="checkbox"/> Within Zone <input type="checkbox"/> Within Division <input type="checkbox"/> Out of Division	
Teacher(s) Visited:	School Visited:	
Date of Intervisitation:	Location:	
Substitute Coverage Required?	<input type="checkbox"/> For Self <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> For Teacher being visited <input type="checkbox"/> Yes <input type="checkbox"/> No	
Estimate Cost: _____	See claim information on Claim form 423-02	
Has the location been approved by the Superintendent or designate?	Yes	
Have you attached the required copy of the email approval including the purpose of the intervisitation?	Yes	
Does this request support your Professional Growth Plan?	Yes	
Is this your first request this school year? Yes No	If no, please indicate 2 3 4	
Principal's Approval of Professional Growth Activity		
_____ Signature of Principal (Prior to submission to Zone Rep)		
_____ Signature of Applicant		
_____ Date Received by zone rep	Approved by: _____ Signature of Zone Rep	
HINTON:	atahintonrep@gypsd.ca	Requests must be submitted to the applicable Professional Growth Zone Rep a minimum of 2 weeks in advance of leave. **If leave is not taken, the zone rep and relevant co-chair must be notified within 5 days of the approved leave. Please send request form and supporting documents as ONE attachment.
EDSON:	ataedsonrep@gypsd.ca	
LOBSTICK:	atalobstickrep@gypsd.ca	
GRANDE CACHE:	atagcrep@gypsd.ca	
JASPER:	atajasperrep@gypsd.ca	