

**DELAWARE VALLEY SCHOOL DISTRICT**  
**IEP PROFESSIONAL DAY REQUEST FORM**

Applicant Name	Building
Area of Special Education (e.g. Speech, Learning Support)	Date for Proposed IEP Professional Day
	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <span style="margin-left: 150px;"><input type="checkbox"/> AM</span> <span style="margin-left: 50px;"><input type="checkbox"/> PM</span>

**APPLICANT SIGNATURE**

Applicant Signature	Today's Date
---------------------	--------------

**APPROVAL SIGNATURE**

Principal <input type="checkbox"/> Approves <input type="checkbox"/> Denies Request	Principal Signature
Today's Date	

- **IEP Teachers requesting ½ or 1 Day as a Professional Day to prepare IEP documents or conduct IEP meetings must complete this form to obtain administrative approval.**
- **Teachers understand that the approval is based upon the availability of substitute teachers.**
- **Teachers will report to school on the designated IEP Professional day and complete IEP's or conduct IEP meetings throughout the contracted school day (or 1/2 day).**
- **Teachers will complete the IEP Professional Request Day in advance, providing ample notice to the building principal and substitute coordinator (1 week in advance is the suggested timeframe).**
- **Upon completion of your IEP Professional day (1/2 day) please document work completed on space provided on reverse side of this document.**

**CC: Principal's Employee HR File (Original)**  
**HR/Attendance Office**

**Special Education Supervisor**  
**Employee**

IEP Meetings Held	IEP Documents Completed

**\*\* Use student ID number for confidentiality.**

**CC: Principal's Employee HR File (Original)  
HR/Attendance Office**

**Special Education Supervisor  
Employee**