

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? For Self <input type="checkbox"/> Yes <input type="checkbox"/> No		
For GYPSD 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you attached the required copy of the email approval including the purpose of the intervisitation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does this request support your Professional Growth Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this your first request this school year? _____ If no, please indicate 2 nd , 3 rd , etc. _____		
<p>Principal's Approval of Professional Growth Activity _____</p> <p style="text-align: center;">Signature of Principal (Prior to submission to Zone Rep)</p> <p>_____</p> <p style="text-align: center;">Signature of Applicant</p> <p>_____</p> <p style="text-align: center;">Approved by:</p> <p>Date Received _____ Signature of Zone Rep _____</p>		
HINTON:	atahintonrep@gypsd.ca	<p>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 must be notified within 5 days of the approved leave.</p> <p>Please send as ONE complete document.</p>
EDSON (Elementary):	ataedson1rep@gypsd.ca	
EDSON (Jr/Sr High):	ataedson2rep@gypsd.ca	
LOBSTICK:	atalobstickrep@gypsd.ca	
GRANDE CACHE:	atagcrep@gypsd.ca	
JASPER:	atajasperrep@gypsd.ca	