



**Government of the Virgin Islands of the United States**

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**DEPARTMENT OF EDUCATION  
DIVISION OF HUMAN RESOURCES**

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Charlotte Amalie  
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**PROFESSIONAL DEVELOPMENT JUSTIFICATION**

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

School/Activity Center: \_\_\_\_\_

Title of Course: \_\_\_\_\_ Semester: Fall \_\_\_\_\_ Spring \_\_\_\_\_

Check One: Pedagogical \_\_\_\_\_ Content \_\_\_\_\_

Check One: Current \_\_\_\_\_ Past \_\_\_\_\_

**Briefly describe below how this course will benefit the Virgin Islands Department of Education teaching and learning environment.**

Check your reason for taking this course:

Certification: \_\_\_\_\_

Highly Qualified Status: \_\_\_\_\_

Professional Development: \_\_\_\_\_

Other: \_\_\_\_\_

Would you say that this is a project that the department should be encouraged to continue.

**Please explain briefly.** Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Note: Please use additional sheets if necessary.