



# PORT WASHINGTON-SAUKVILLE SCHOOL DISTRICT

*We educate all children to reach their greatest potential.*

## Teacher Specialist - Approval Request Form

Teacher Specialist I & 2

Teacher Specialist Plus

David Watkins  
Superintendent of Schools

100 West Monroe Street  
Port Washington, WI 53074

Website: [www.pwssd.k12.wi.us](http://www.pwssd.k12.wi.us)

Name:	Date:
Teaching Assignment:	School Building:
Please provide a brief summary of your learning plan:	
How will your coursework and/or components of your learning plan benefit your students, your colleagues, and our District?	
How will you share your knowledge with your colleagues in the District?	

\*You are welcome to attach additional information

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

Director of Instruction Signature \_\_\_\_\_ Date \_\_\_\_\_

Superintendent Signature \_\_\_\_\_ Date \_\_\_\_\_