

Welcome to the Teacher Visitation Program
Sponsored by Bismarck Area Teacher Center Services

Mailing address:

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Teacher Visitation Program

1.) **application form**

- Send the **application form** to the above mailing address , email, or fax.
- If there is still money available, the Teacher Center Director will sign and date the application form and return it to you.
- Do not schedule a teacher visitation before you receive the returned application form signed by the Teacher Center Director.

2.) **principal approval**

- Complete the necessary forms for approval of your substitute as required by your school administration.
- For Bismarck Public School employees, choose *Other Billable Leave* from the drop down menu on Aesop.

3.) **expense claim /summary form**

Following the visitation, please submit the **expense claim /summary form** through mail, as an attachment to email, or fax to Teacher Center Services.

Upon receipt of the expense claim / summary form, substitute pay in an amount not to exceed more than **\$100** for the one day will be paid directly to your school district.

Application Form for Teacher Visitation Program

Name: _____

E-mail: _____

School: _____ **School telephone:** _____

Grade and/or subjects taught:

Educational Objectives of Teacher Visitation:

(Your Principal's Signature)

(Your Signature)

(Director of Teacher Center Services)

(Date approved)

