



Title I

Request for Title I Professional Learning Pre-Approval Form

Pre-PL Post PL School Name & Number: _____

Funding Source: TIPA TIPD UniSIG EEA TSSSA-Rollover

Professional Development Category: Staff Training Professional Learning Community
Lesson Study Educational Conference

School-wide Improvement Accountability:

On CNA Yes No

On Amendment Yes No

School-wide Improvement Goal being addressed: _____

This professional learning supports which School Improvement Area of Focus:

Professional Learning Title: _____

Instructor's Name: _____

Beginning Date: _____ Ending Date: _____

Number of Meeting Days: _____ Dates of Meetings: _____

Training Times: _____ Training Location: _____

Total Hours of Professional Learning: _____ Maximum Enrollment: _____

Names of Participants & Position (okay to list on separate sheet if needed):

Four horizontal lines for listing participants and positions.

Substitutes Requested: Yes No Stipend Requested: Yes No

Professional Learning Opportunity Description:

List the strategies from the activity that focus on increasing student achievement, improving instructional delivery, and supporting Best Practices.

Three horizontal lines for describing the professional learning opportunity.

Describe the follow-up activities for reinforcing the initial training and providing teacher support.

How will it be determined that this Professional Learning has had a positive impact on student achievement? Please note the assessment and method.

Estimated Cost of this Workshop: - Line #: _____

Consultant (<i>District Consultant Agreement or Professional Services Agreement attached</i> <input type="checkbox"/> Yes <input type="checkbox"/> No)	\$ _____
Substitutes (# _____ of substitutes requested)	_____
Stipends (_____ teachers x _____ hours x \$20)	_____
Fringe Benefits (<i>stipend total x SSI @ 7.65%</i>)	_____
Stipends (_____ paraprofessionals x _____ hours x \$15)	_____
Materials (<i>materials pre-approval attached</i> <input type="checkbox"/> Yes <input type="checkbox"/> No)	_____
Conference/Workshop Registration Fees	_____
Hotel	_____
Travel - Air Fare	_____
Per Diem - Reimbursement Only – Mileage x \$.45/mile	_____
Per Diem - Reimbursement Only – Food – Daily Allowance @ \$36/day	_____
Per Diem - Reimbursement Only – Tolls	_____
Per Diem –Reimbursement Only – Not for Pcard - Parking	_____
Total Travel Expenditure for this Activity	_____

**Pre-Approval of these goods and services by Title I does not constitute approval by the Purchasing Department. The order for goods and services is only approved and authorized after the Purchasing Department reviews the Skyward requisition and any attachments, AND then issues a PO. Orders placed before Purchasing's approval violates Board policy and State statute, as well as, Federal rules and regulations.*

Principal's Signature / Date

and/or

Title I Supervisor's Signature / Date

Title I Director's Signature / Date - Required

Coding Strand – Title I Office Only