



Title I

Request for Title I Professional Development Pre-Approval Form

School: \_\_\_\_\_

Funding Source:  TIPA  TIPD  UniSIG  TSSSA  TSSSA-Rollover

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

School-wide Improvement Accountability:

This activity is listed in the Comprehensive Needs Assessment and the School-wide Improvement Plan:  Yes  No

School-wide Improvement Goal being addressed: \_\_\_\_\_

This professional development supports the following area(s):

- State Standards, Effective Teaching Practice, Technology, School Improvement, Reading, School Safety, Leadership & Management, Math, Parent Involvement, Assessment & Data Analysis, Writing, Classroom Management, Science

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

Instructor's Name: \_\_\_\_\_

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Number of Meeting Days: \_\_\_\_\_ Dates of Meetings: \_\_\_\_\_

Training Times: \_\_\_\_\_ Training Location: \_\_\_\_\_

Total Hours of Professional Development: \_\_\_\_\_ Maximum Enrollment: \_\_\_\_\_

Names of Participants: \_\_\_\_\_

Substitutes Requested:  Yes  No Stipend Requested:  Yes  No

**Professional Development Opportunity Description:**

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

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

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

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**Estimated Cost of this Workshop:**

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> )	_____
Materials ( <i>materials pre-approval attached</i> <input type="checkbox"/> Yes <input type="checkbox"/> No)	_____
Per Diem ( <i>.45/mile--road trip mileage + daily food allowance @ \$36/day</i> )	_____
Conference/Workshop Registration Fees	_____
Hotel	_____
Travel ( <i>air fare, tolls, parking</i> )	_____
Total 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.*

_____ <i>Principal's Signature</i>	_____ <i>Date</i>	_____ <i>Title I Director's Signature</i>	_____ <i>Date</i>
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