Professional Development Funds Application

name	_ Date of Request:	
Component District		
Name of Conference/Workshop *** Applicant must attach workshop info) ormation for committee to review.	
ocation of Conference/Worksh	юр	
Date(s) of Conference/Worksho	p	
Expenses	Estimated Cost *	Actual Cost
Registration Fee		
Lodging		
Name of Hotel		
Nights a motel is needed		
Transportation (.45/mile) Miles (Round Trip)		
Substitute Teacher (\$65/day) Sub. Needed for what days:		
Meals (\$35/day)		
Total		

^{*} Estimated Cost Column must be completed.

^{**} Please attach conference/workshop information and hotel information. Thanks!

Which of the following g	oals would the conf	erence relate to?	
Student Engagement	strategies to support major port for students at risk of solemented across all content rt instruction and to monito d to meet the needs of all lest oport research-based balance estudents with disabilities for	goals and objectives chool failure t areas r and assess student learning arners	eK-3
How will PD improve student p	performance?		
To provide a safe and o	nd community involvemen ew teaching strategies to drug-gree environment	t in the education of their childre help improve student achievem ing teachers and teachers approvement (CSIP) goals.	en. ient.
Applicant	Date	Special Ed. Director	Date
Component District Principal	Date	Superintendent	Date
PDC Chairperson	Date		
*** Applicant and Principal Signatu Approval Grante	ures must be present for PDC		