Diocese of St Petersburg - Office of Catholic Schools and Centers

Title II A Professional Development Funding Request 201\_-201\_

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| **School Name:** | |  | |
| **Person Responsible for Plan Development:** | |  | |
| **Phone:** |  | **Email:** |  |
| **Activity:** *(Name of Activity)* | |  | |
| **Method:** *(School Based, Collaborative, University Coursework, Web Based Class, Travel for PD)* | |  | |
| **Date(s) of Activity:** | |  | |
| **Description of Activity:** *(Describe the professional development activity including how the professional development will enhance and expand knowledge and teaching skills for teachers of core academic subjects as defined by NCLB, or enhance and expand a principal’s leadership knowledge and skills. Provide course syllabus and/or the scientifically based research indicating how the activity will advance teacher understanding of effective instructional strategies to increase student achievement or meet the needs identified on the school needs assessment.)* | |  | |
| **Needs Assessment Goal:** *(list goal(s) from Needs Assessment that activity aligns with)* | |  | |
| **Participant Name(s)** | | **Subject Area Taught:** | **Grade Level:** |
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| **Estimated Expenses:** *(Include consultant name and fees, list and cost of materials, registration fees, travel expenses: hotel, mileage, meals, air, etc.)* | | | |
| **Registration Fee:** | | $ | |
| **Meals (if applicable):** | | $ | |
| **Hotel (if applicable):**  ***Make sure you include 15% for taxes and check the rates for each day of stay. Weekend rates increase.*** | | $ | |
| **Mileage (if applicable):** | | $ | |
| **Airfare (if applicable):** | | $ | |
| **Taxi, Uber (if applicable):** | | $ | |
| **Miscellaneous (if applicable):** | | $ | |
| **ESTIMATED TOTAL COST:** | | $ \*Not to exceed: $ | |
| **What goal(s) of your school PD Plan does this opportunity align to?** | |  | |
| **Special Projects Review:** *(To be completed by special projects office)* | |  | |

***\*Since the costs are only estimates, you can increase the estimated total by 15-20% and put a limit “NOT TO EXCEED” so you are covered for unexpected increases.***

***Please attach supporting documentation: (incl.: Weblink to conference information, contact information for vendor hosting conference, (for Hillsborough County – a completed registration form and “how will this training increase student achievement?”)***