



Professional Learning Prior Approval Form

This form must be completed for ALL professional learning opportunities.

All professional learning activities must support the individual professional development needs of the educator and/or support the School Improvement Plan or System Improvement Plan.

Participant Name: _____ School: _____

Grade(s) Taught: _____ Subject(s) Taught: _____

Are you a(n) Administrator Teacher Counselor Paraprofessional Other: _____

Name of Course/Workshop: _____

Please attach course brochure or flyer to this form

Date(s) of Course/Workshop: _____ Location of Course/Workshop: _____

Reason for attendance: Principal's Request School District Requirement Program Requirement

Is this request on the: Strategic Plan SIP Special Program: (please list) _____

Is a substitute required: Yes No

Will you need overnight hotel accommodations? (If yes, please attach details) Yes No

All accommodations will need to be booked through Sandra Brown at the Central Office.

Enter the anticipated expenses? Parking _____ Materials _____ Registration Fee _____

(Completed by the principal) How are you paying for this?

Title I Title II Title III Title VI-B CTAE Pre-K MCSS Local School Local

Title I - Federal money for core area subjects above and beyond/supplemental only **Title II**-Staff development above and beyond/supplemental only
Title III-EL **Title VI-B**-Special Education **CTAE**-Career-Technical-Agricultural Education **MCSS Local**-School Allocation for Instruction, staff development, art, music, and P.E. **School Local**- Funds raised at the school level only.

Participant's Signature _____ Date _____

Supervisor's Signature _____ Date _____

Curriculum & Instruction Coordinator _____ Date _____

Federal Programs Director's Signature _____ Date _____

CFO _____ Date _____

Office use only:

Pay code: _____

Account number: _____

****Notes:**