



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? Registration Fee _____ Hotel _____ Parking _____
 Meals _____ Mileage _____ Other _____ Total Estimated Cost _____

How are you paying for this?

Title I Title II 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: