

# TITLE II PROFESSIONAL DEVELOPMENT ACTIVITY PROPOSAL

**YOU MUST RECEIVE AN APPROVED COPY OF THIS FORM FROM THE TITLE II OFFICE BEFORE PROCEEDING**

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

Title of activity: \_\_\_\_\_

Date & Time of activity: \_\_\_\_\_

Presenter(s): \_\_\_\_\_

Targeted audience (description including number): \_\_\_\_\_

Describe the proposed PD activity and how it relates to the district and/or your school's goals for academic improvement. \_\_\_\_\_

***Expected impact of PD on specific student achievement:*** \_\_\_\_\_

I. **Contracted Services:** \_\_\_\_\_ Hours  
\_\_\_\_\_ Presenters      **Total Cost of Contracted Services:** \_\_\_\_\_

II. **Materials:** (Purchase Requisition (Tab 5) and item description attached)  
**Total Cost of Materials:** \_\_\_\_\_

III. **Participants:** \_\_\_\_\_ hours X \_\_\_\_\_ # of participants X \$25  
**Total Cost of Participants:** \_\_\_\_\_

IV. **Substitutes:** \_\_\_\_\_ # of subs X \_\_\_\_\_ # of days X \$70/day  
**Total Cost of Substitutes:** \_\_\_\_\_

**TOTAL PROFESSIONAL DEVELOPMENT ACTIVITY COST: I + II + III + IV=** \_\_\_\_\_

\_\_\_\_\_  
TITLE II CONTACT'S SIGNATURE  
(required prior to submission)

\_\_\_\_\_  
PRINCIPAL'S SIGNATURE  
(required prior to submission)

\_\_\_\_\_  
TITLE II DIRECTOR'S SIGNATURE  
(required for approval)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date