



Professional Development  
**District Professional Learning Proposal**

Requester's Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_  
Name of Activity: \_\_\_\_\_ Number of Participants: \_\_\_\_\_  
Date(s) for Activity: \_\_\_\_\_ Total Estimated Cost: \_\_\_\_\_

**Category of Request (check all that apply - must fit into at least one category)**

- ☐ Improving the content knowledge of teachers and/or administrators in one or more of the academic subjects; training in classroom teaching practices designed to improve student achievement.
- ☐ The development of, acquisition of, and use of instructional and educational materials for Professional Development (not materials, etc. for classroom instructional use).
- ☐ Training in effective integration of technology into curriculum and instruction.
- ☐ Training in methods of improving student behavior, identifying early and appropriate interventions, and involving parents more effectively in their children's education.
- ☐ Training in the use of data and assessments to improve instruction and student outcomes.

Rationale and/ or specific need for the learning:
Provide a brief overview of the learning. Include logistics/format of learning, name of the facilitator(s), location of learning.
Describe how the learning enhances the effectiveness of teachers and/or improved student achievement.
How will you evaluate the effectiveness of the learning after it is completed? Evaluation should include collection of data analysis.
To be advertised on District Professional Learning Calendar (yes or no)
Provide course title as it should be advertised on the Professional Learning calendar.
Provide learning description as it should be advertised on the Professional Learning calendar.

**Please note: All approvals must be received prior to the commitment to provide the learning.  
Activities and materials acquired without approval will NOT be funded.**

**Proposed Budget for Activity (If more lines are needed, attach a second sheet)**

Item	Narrative	Cost
Total:		

**Funding Source:**

- |  |  |
|--|--|
| <input type="checkbox"/> Career & Technical District Funds<br>(Approver: Shannon Ritter)           | <input type="checkbox"/> Reading Categorical: Secondary<br>(Approver: Jacquatte Rolle) |
| <input type="checkbox"/> Carl Perkins Fund<br>(Approver: Shannon Ritter)                           | <input type="checkbox"/> Teacher Training<br>(Approver: Jennifer Petit-Frere)          |
| <input type="checkbox"/> Curriculum, Elementary & Secondary<br>(Approver: Jacquatte Rolle)         | <input type="checkbox"/> Title I<br>(Approver: Jennifer Steptoe)                       |
| <input type="checkbox"/> Exceptional Student Education<br>(Approver: Kathy Black)                  | <input type="checkbox"/> Title I Migrant   |
| <input type="checkbox"/> Instructional Technology<br>(Approver: Uma Shankar)                       | <input type="checkbox"/> Title II (Part A)<br>(Approver: Joram Rejouis)                |
| <input type="checkbox"/> Induction Program: Beginning Teachers<br>(Approver: Jennifer Petit-Frere) | <input type="checkbox"/> Title III (ELL & Immigrant)<br>(Approver: Joram Rejouis)      |
| <input type="checkbox"/> Other: _____  | <input type="checkbox"/> Title IX (Homeless)<br>(Approver: Joram Rejouis)              |

**Approvals:**

Immediate Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Fund Approver: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by the person managing ACIIS Course/Section:** Once your request has been approved, please enter this activity into ACIIS. Enter your course and section information below and turn in your request form to your department secretary/CREATE to complete the process.

ACIIS Course Title: \_\_\_\_\_

ACIIS Course #: \_\_\_\_\_

ACIIS Section Title: \_\_\_\_\_

ACIIS Section #: \_\_\_\_\_

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