Proposal for Professional Development

This form must accompany all federally funded requests for travel and professional development.

School Name: ___________________________ Date: ________________

- Which section of your ACIP or Needs Assessment will this Professional Development address?

- Professional Development Description: (attach agenda)

- Does this P.D. address a BCS District Initiative? _____YES _____NO

- If yes, which initiative? __________________________

- How will this Professional Development be funded?

- Will a consultant be used for this Professional Development? _____Yes ____No
  (Please note that if you will be using a consultant, a “Consultant Request Form” must also be submitted in addition to this form)

- Registration Fee (if applicable): ___________ (upload registration form or invoice)

- Consultant Fee (if applicable): ___________ (upload Consultant Request)

- Venue Fee (if applicable): ___________ (upload quote)

- How will the knowledge gained from this Professional Development be shared with the faculty and implemented in the classroom?

Principal’s Signature: _________________________ Date: __________

Instructional Superintendent’s Signature: _________________________ Date: __________