

Federal Funding : Professional Development for : _____ (School Name)

Title of Activity:

Activity Start Date:

Activity End Date:

Length of Activity:

Strategic Priority:

Overnight: YES NO

Location/Description of Activity

Relationship to SIP/NCSCS and Implementation/Student Impact SIP Indicator

Budget (Please put a dollar amount):

Personnel:

Training Materials:

Funding Source :

Registration/Fees:

Mileage/Airfare: :

Other Materials:

Lodging/Meals:

Sustainability Plan:

Participating Teachers:

Name:

Email Address: