



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

Will you need overnight hotel accommodations? ☐ Yes ☐ No

*All accommodations will need to be booked through **Sandra Brown** at the Central Office.*

Are there any anticipated expenses?

☐ Parking ☐ Books ☐ Training Materials Other: _____

Estimated Cost: _____

Will you need a county vehicle?

☐ Yes ☐ No

Please book your county vehicle through the transportation office (706)-672-0129. If no vehicle is available upon request, you will be reimbursed at the Tier 1 rate. If you choose to take your own car, you will be reimbursed at the Tier 2 rate.

Participant's Signature

Date

WHAT IS THE FUNDING SOURCE FOR THIS PROFESSIONAL LEARNING OPPORTUNITY?

| | System | School |
|--------------|--------|--------|
| Title I | — | — |
| Title II | — | — |
| Title III | — | — |
| Title VI-B | — | — |
| CTAE | — | — |
| Pre-K | — | — |
| MCSS Local | — | — |
| School Local | — | — |

KEY

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.

This course is aligned with the:

CLIP please note the section: _____

SIP please note the section: _____

SPECIAL PROGRAM: _____

Is a stipend being awarded for this professional learning opportunity? ___Yes ___No

Principal's Signature

Date

Assistant Superintendent's Signature

Date

For Office Use Only

Estimated Cost

Lodging _____

Mileage_____

Meals _____

Other_____

Total_____