

**HAMBLEN COUNTY SCHOOLS
PROFESSIONAL DEVELOPMENT EXPENDITURE FORM**

__Title I __Title II

SCHOOL NAME _____

DATE _____

Federal program guidance states, *"All activities supported by Improving Teacher Quality State Grants must be based on a review of scientifically based research."* Professional development activities *"advance teacher understanding of effective instructional strategies that are based on scientifically based research."*

Name of Professional Development Activity:

Participants:

School (or District) goal and strategy/intervention that this activity will address:

Duration of Activity: ____ Hours ____ Days Date of Activity: _____

What specific training activities are planned to provide follow-up to this training? Give dates, times, and participants. **Documentation must be maintained and copies sent to Federal Programs Office.**

Approximate Cost: _____Registration _____Travel
_____Lodging _____Meals _____Substitutes _____Total

APPROVAL OF SCHOOL IMPROVEMENT PLANNING COMMITTEE:

PLEASE SEND TO KIM FOX AT CENTRAL OFFICE FOR APPROVAL

_____ Approved _____ Date

(Attach to this form a copy of the brochure or information sheet for any workshop or conference you plan to attend. Attach a copy of this approved form to any leave form requesting Title I or Title II funds.)