

Discretionary Professional Development Plan and Budget

**HISD Private Non-Public Schools
NCLB Title IIA 2009-2010**

School: _____ Date: _____

Address: _____ School Phone: _____

Principal: _____ Principal Email: _____

2009-10 Title IIA Discretionary Allocation: \$ _____

	Title of Proposed Professional Development	Participant(s) / Position	Date	Estimated Costs

DOCUMENTATION:

Attach a detailed description of each conference/workshop (announcement, agenda, session topics, etc.).

AUTHORIZATION:

I authorize the use of NCLB Title IIA funds to support the professional development activities stated above. These professional development activities support the instructional needs of our students and professional development plan of our school.

Principal Signature _____ Date _____