



Custom Professional Development Request

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

School: _____ Principal: _____

Address: _____ Email: _____

Phone: _____ Fax: _____

- Workshop Consultant

Describe purpose of professional development activity, based upon school needs assessment and/or student needs:

Requested Date(s): _____

Location: _____

PRESENTER INFORMATION:

Name: _____

Address: _____ Email: _____

Phone: _____ Fax: _____

ESTIMATED WORKSHOP BUDGET:

Presenter Fee \$ _____

Estimated Additional Costs *(Please include explanation of costs below)* \$ _____

TOTAL BUDGET \$ _____

Explanation of Additional Costs:

DOCUMENTATION:

Please attach a copy of any pertinent information (e.g., resume of presenter, etc.).

AUTHORIZATION:

I authorize the use of NCLB Title funds to support the professional development activity stated above. This professional development activity supports the instructional needs of our students and professional development plan of our school.

Principal Signature _____ Date _____