**ATLANTIC COMMUNITY SCHOOL DISTRICT**

Teacher Quality Professional Development Funds Application

(Request must be submitted prior to 9/1, 11/1, 1/1, 3/1, or 5/1 to be considered)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Building: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete the section (1, 2, or 3) of this form that best fits the reason funds are being requested.

**1. Extended Day/Summer**

\_\_\_\_\_\_\_\_\_\_ a. Provide collaborative meeting time for teachers to engage in collective learning.

\_\_\_\_\_\_\_\_\_\_ b. Develop lessons that support and extend learning from professional development experiences.

\_\_\_\_\_\_\_\_\_\_ c. Provide time to analyze student and teacher data related to the learning occurring as part of the district and building professional development.

Indicate the number of hours anticipated to complete the project \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approximate Teacher Quality Funds requested (curriculum pay rate per hr. ($25) x number of hrs.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Beginning date of project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ending date of project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Registration for workshops/conferences**

Workshop/Conference Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Cost (not meal): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Substitute Cost: \_\_\_\_\_\_\_\_\_\_ (# of days) x $150=\_\_\_\_\_\_\_\_\_\_\_\_

**3. Tuition Reimbursement**

Content Area (Department): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course(s) to be approved:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Subject | Course # | Course Title | Cr. Hrs. | Cost |
|  |  |  |  |  |
|  |  |  |  |  |
| Totals |  |  |

Institution granting graduate credit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brief explanation of course/workshop/collaboration plan (please include flyers or web address for the course if possible):

How does this request support the professional development plans in the district (if you need more room, please elaborate on the back or other doc)?

I agree to provide ACSD Central Office with official transcripts, certificate of completion, or other documentation (whichever is appropriate) upon completion of approved course/workshop/collaboration time. \_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_ No

Administrator Signature of Approval\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_ Approved \_\_\_\_\_\_\_ Denied

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant District Representative Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Date