

# Career & Technical Education Professional Learning Proposal

School \_\_\_\_\_ Date \_\_\_\_\_

Teacher \_\_\_\_\_ CTE Cluster \_\_\_\_\_

Name of Activity \_\_\_\_\_ Date(s) of Activity \_\_\_\_\_

Location of Activity \_\_\_\_\_

Substitute Required: Yes \_\_\_\_\_ No \_\_\_\_\_

**DESCRIPTION** How the activity will impact classroom instruction and teacher effectiveness?

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Standards directly impacted as a result of this Professional Learning opportunity:

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Since the above activity must be a part of a sustained, intensive and classroom focused Professional Learning Plan, check all applicable follow-up activities:

\_\_\_\_\_ Study teams (Department/PLC/Grade-Level Team/Focus Group)

\_\_\_\_\_ Peer coaching \_\_\_\_\_ Sharing information (Faculty Meetings/PD Session)

\_\_\_\_\_ Other (please specify) \_\_\_\_\_

## PROJECTED COST OF ACTIVITY

Consultant Fees \$ \_\_\_\_\_ Mileage to/from Airport \$ \_\_\_\_\_

Registration \$ \_\_\_\_\_ Lodging \$ \_\_\_\_\_

Food-Per Diem \$ \_\_\_\_\_ Shuttle/Taxi \$ \_\_\_\_\_

Airport Parking \$ \_\_\_\_\_ Airfare \$ \_\_\_\_\_

Other \$ \_\_\_\_\_ (please list: \_\_\_\_\_)

## PAYMENT AGREEMENT **Check one:**

CTE will pay directly \_\_\_\_\_ CTE will reimburse \_\_\_\_\_ School \_\_\_\_\_ Participant \_\_\_\_\_

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*The above professional development proposal is appropriate & supports the school improvement plan.*

**PRINCIPAL SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

### FOR OFFICE USE ONLY

**CTE COORDINATOR** \_\_\_\_\_ **DATE** \_\_\_\_\_

Core Indicators of Performance: 1S1 1S2 2S1 3S1 4S1 5S1 6S1 6S2