**TOTAL AMOUNT REQUESTED FOR**

**CONSULTANT/PRESENTER**

**How do the needs from your school’s Instructional Improvement Plan OR your personal Professional Growth Plan support this event? How will this event improve student achievement? Please list the data from your school you used to support your answer. Also, you must attach a copy of the School’s Instructional Improvement Plan or your personal Professional Growth Plan. (You may copy this response to the first box on the second page of the JCPS Title II, Part A Funds Needs Assessment Form.)**

**Please explain the learning targets for this event. Be as specific as possible. (You may copy this response to the second box on the second page of the JCPS Title II, Part A Funds Needs Assessment Form.)**

**Please explain how the impact upon participant learning and student learning will be measured. Be as specific as possible. (You may copy this response to the third box on the second page of the JCPS Title II, Part A Funds Needs Assessment Form.)**

**Please explain how you will share this information with your colleagues.**

**NAME OF PERSON REQUESTING FUNDS:**

**POSITION/TITLE:**

**HOME and SCHOOL EMAIL ADDRESSES:**

**CELL NUMBER:**

**PRINCIPAL’S COMMENTS:**

**PRINCIPAL’S SIGNATURE:**