**TITLE AND BRIEF DESCRIPTION OF PROFESSIONAL LEARNING SESSION/WORKSHOP:**

TITLE:

DESCRIPTION:

**DATE OF PROFESSIONAL LEARNING SESSION/WORKSHOP:**

**CONSULTANT’S/PRESENTER’S NAME:**

**COMPANY NAME (if applicable):**

**ADDRESS (street, city, state, zip):**

**CONSULTANT’S FEE:**

* **Should reflect TOTAL costs.**

**SCHOOL REQUESTING FUNDING:**

**NAME and CONTACT INFORMATION for PRINCIPAL**:

**AMOUNT SCHOOL WILL CONTRIBUTE TO THIS ACTIVITY** **(Explain.)**

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

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

**INTENDED AUDIENCE (Please highlight all that apply):**

**Administrator Teacher Counselor Pre-K Staff Other (please specify)**