**Professional Learning Approval Form**

**Department/School** Click or tap here to enter text. **Date** Click or tap to enter a date.

**Vendor Name** Click or tap here to enter text. **Audience:** Click or tap here to enter text.

**Description of Services** (Please attach brochure or reference a website regarding vendor.)

Click or tap here to enter text.

**Date(s) of Event/Service** Click or tap to enter a date. **Location**  Click or tap here to enter text.

**Cost** Click or tap here to enter text. **# of Expected Attendees** Click or tap here to enter text.

**Point of Contact/Title** Click or tap here to enter text. **Contact Phone Number** Click or tap here to enter text.

**Principal/Department Head:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Signature/Title Date

**Director of Federal/State Programs (if applicable):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**Executive Director of Program:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

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FOR OFFICE USE ONLY

Vendor is on the Approved Professional Learning Providers list \_\_\_\_\_Yes \_\_\_\_\_No

References have been checked and confirmed as satisfactory. \_\_\_\_\_Yes \_\_\_\_\_No

Recent session evaluations have been reviewed (established providers) \_\_\_\_\_ Yes \_\_\_\_\_ No

**Instructional Services Approval:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Signature Date