



Eastern Suffolk BOCES
Department of
Educational Support Services

2024/2025

In-District Professional Development PLANNING FORM

(The Planning Form is used to generate a Contract Modification for the District Superintendent to sign. These forms must be in place before the work begins.)

District Name: Today's Date:

District Contact Person: Phone:

Contact Person Email: Superintendent's Fax #:

Coach/Consultant Requested:

Curriculum Area (i.e., Math, ELA, MST, LOTE, SS, Science, Health, P.E., etc.)

Grade levels (i.e., K-2, 3-6, 6-12, K-5, etc.) AND/OR Audience (i.e., Board, Admin)

Total number of days:

\*\*It is the school district's responsibility to confirm dates, times and locations with the coach/consultant.\*\*

Start Date (Required): PD to be completed by:

Professional Development Objective(s):

How many teachers, Administrators, and educational support staff will be participating in this professional development? (required)

Fees (Note: Depending on coach/consultant's status, some fees may apply such as 11.472% for benefits-retired or 22.092% for benefits-non-retired, plus a BOCES coordination fee):

Coach/Consultant Base Fee (indicate per day or per hour): \$

Travel expenses (indicate 'n/a' if not applicable): \$

(As of January 1, 2021 mileage rate is \$.56/per mile)

Lodging (not to exceed \$175 per night, or n/a): \$

Please use this as a digital form by typing in the fields, save a copy for your records, and EMAIL this planning form for in-district professional development to pdteam@esboces.org

For internal use only:

Category Learning Standards Instructional Strategies Organizational Development Instructional Technology

Billing:

Base Amount: \$

Expenses (hotel/mileage): \$

Benefits 22/23 SY, retired 11.472%,

Non-retired 22.092%: \$

Coordination Fee (20% less than 30 days

Or 15% for 31 days or more): \$

TOTAL COST TO DISTRICT: \$

OK to process Contract Mod:
Initials:
emailed district: