

Federal Programs-Pre-Conference Travel Form

FP 500-2

School: _____ **Approved Request #:** _____

Conference: _____ **Destination:** _____ **Date/s:** _____

Please provide 1-2 sentence answers below.

1. Describe in detail how the professional development aligns with the current needs identified in your School/District Plan. Include page numbers. _____

2. Describe your strategies for the redelivery of the professional development. Include timelines and documentation of redelivery. _____

3. Describe your method of ensuring classroom implementation of the activities/strategies. Include examples of how implementation will be documented. _____

School	Attendee's Name	Position	Grade Level/ Subject	Home/ Cell #	Signature

**** By signing above I understand that any Federal funds paid out (registration fee and/or travel advance) on my behalf for a professional development activity will be reimbursed by me if I do not attend. I also understand that there are no emergencies. ****

Approval:

Signature of Supervisor or Principal: _____ **Date:** _____