Eastern Suffolk BOCES
Educational Services That Transform Lives

2025/2026

Eastern Suffolk BOCES

Department of Education and Information Support Services

Internal Eastern Suffolk BOCES

In-district Professional Development Planning Form

ESB Program_____ Today's Date_____

PD Objective(s)_____

☐

Curriculum Area: _____ Audience _____

Building Location _____

_____

NYSED Report Card Area (choose one):

Special Education Issues

Consultant/Vendor Requested: _____

Start Date _____ Estimated completion date: _____

How many teachers ____, administrators _____, and ____, educational support staff will be participating in this Professional Development Opportunity?

- Professional Development Service Cost per day or hour (please circle) $_____ for _____number of days or hours (please circle), plus benefits (if applicable), and a 20% coordination fee for a total not to exceed_____. **(This must be filled in.)**
- Travel expenses not to exceed _____.

ESB Contact Person_____Phone/email_____

***Budget Code to be billed:** _____

***Signature:** _____

Please email or fax this completed planning form to pdteam@esboces.org

Consultant/Vendor INVOICES must be emailed to pdinvoices@esboces.org