



2026/2027

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