PEARLAND INDEPENDENT SCHOOL DISTRICT
FEDERAL PROGRAMS OFFICE

REQUEST for VENDOR CONTRACT for STAFF DEVELOPMENT at PNP

PROPOSED STAFF DEVELOPMENT

DATE OF TRAINING: _____ LOCATION: _____

TITLE OF PROPOSED STAFF DEVELOPMENT: _____

PURPOSE OF PROPOSED STAFF DEVELOPMENT: _____

_____

CAMPUS NEED PROPOSED STAFF DEVELOPMENT ADDRESSES: _____

_____

AUDIENCE FOR PROPOSED STAFF DEVELOPMENT: _____

_____

NUMBER OF STUDENTS IMPACTED BY TRAINING: _____

VENDOR'S INFORMATION

VENDOR NAME: _____

EMAIL: _____ PHONE: _____

WEBSITE (IF APPLICABLE): _____

FEE FOR PROPOSED STAFF DEVELOPMENT: _____

PNP ADMINISTRATOR INFORMATION

PNP CAMPUS GOAL ADDRESSED: _____

PNP ADMINISTRATOR SIGNATURE:_____ DATE: _____

DOCUMENTATION TO SEND PEARLAND ISD

MINIMUM OF 1 MONTH PRIOR TO THE TRAINING:

1. THIS COMPLETED FORM & VENDOR QUOTE

FOLLOWING THE TRAINING:

2. SIGN-IN ROSTER WITH ATTENDEE PRINTED NAME AND SIGNATURE, TRAINING DATE, NAME OF TRAINING, PRESENTER NAME
3. TRAINING AGENDA
4. WORKSHOP EVALUATION (PEARLAND ISD FORM)
5. VENDOR INVOICE

DISTRICT USE ONLY

ACCOUNT #_____

DIRECTOR SIGNATURE:_____ DATE:_____