# C:\Documents and Settings\olivine-roberts\Local Settings\Temporary Internet Files\Content.Outlook\LMI12OHF\Two tone green apple with black type.jpgPRIOR APPROVAL REQUEST for PROFESSIONAL DEVELOPMENT ESEA

**Private Schools**

|  |  |  |  |
| --- | --- | --- | --- |
| S | School Name: |  | Contact Person: |
| D | Date Submitted: |  | Contact Phone: |
| E | Estimate Total Cost: |  | Funding Source:  Title I Title II |
| **Attach flyer/brochure, which must include descriptions, dates and times.** | | | |
| Name of Event/ Workshop: | | | |
| D | Date(s): |  | Time: |
| Location: | | | |
| Presenter(s): | | | |
| **This professional learning activity must align with the objectives written in the annual Title I Plan or Title II Professional Development Plan**  **Please check one or more boxes consistent with the purpose of this request:**  Increase student achievement consistent with the challenging state academic standards Improve the quality and effectiveness of teachers, principals, and other school leaders  Provide low-income and minority students greater access to effective teachers, principals, and other school leaders  **Please describe how the effectiveness of this activity will be evaluated:** | | | |
| **M** S S 5 O F E | **Mail, Email or Fax request to:** Sacramento City Unified School District  State and Federal Programs  5735 47th Avenue, Sacramento, CA 95824  Office: 916-643-9051  Fax: 916-399-2063  Email: [Lisa-Torres@scusd.edu](mailto:Lisa-Torres@scusd.edu) | **D S** | **Approved: Denied:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Director Date**  **State and Federal Programs** |

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