

TEACHER QUALITY ASSURANCE FUND REQUEST(08-09)

Teacher Name _____ Date _____
General Description of Activity:
Specific Goal:
Connection to School Improvement Plan (SIP) and/or Individual Teacher Development Plan:
Anticipated Results:

Workspace for calculating total funding needed

Lodging	Meals	Airfare	Substitutes (\$165.30/day)	Teacher extra work (\$20.50 w/ benefits)	Travel (\$0.585 per mile)

Amount of Request: \$ _____

Building Leadership Team use only:

Approved
 Amended
 Not Approved (rationale)