

Jackson Township School District
Title I Office
Professional Development/Parent Involvement Pre-Approval Request

This request is for: ☐ Professional Development OR ☐ Parent Involvement

Date Request was Submitted: _____

School Information

School Name (Legal name with State ID #): _____

School Address: _____

School Telephone Number: _____

School Contact Person: _____ Email Address: _____

Vendor Name: _____

School teachers & grade they teach who will be attending the PD.

JSD Title I students who are served by the teachers above. (Please attach a list if needed):

Please briefly describe how this PD will support the needs of the Jackson Students.

Workshop Information

Title: _____

Presenter Name: _____

Location of Workshop: _____

Date of Workshop: _____

Start Time of Professional Development: _____

End Time of Professional Development: _____

Cost Per Participant: \$ _____ OR Cost Per Hour: \$ _____

Total Cost for Professional Development: \$ _____

Summary/Description of Workshop:

Nonpublic School Official: _____ Date: _____

Vendor Signature: _____ Date: _____

JSD Approval: _____ Date: _____

Please attach all required workshop documentation including but not limited to; Presenter resume, agenda, handouts, presentation documents, etc.

***To request an editable version of this document please email grantoffice@jacksonsd.org**