Brookfield Public Schools

Professional Development Grant Proposal

Title	of Proposal:				
Турє	e of Proposal:	Individual	Group		
Nam	ne(s) of Participant((s):			
	ool:		Position:		
Start	t Date of Proposal:				
Auth	orization for releas		rator's signature)		
1.	List the skills and knowledge that will be improved or acquired.				
2.	Describe how yo	our proposal will imp	eact student learning.		
3.	State how you w	rill share the new kn	owledge and skills that you have gained.		
	,				
4.	Explain how the	proposal relates to	your current job function or to your individua	ıl	

school or district goals.

Additional comments:		
List of Activities:		Dates:
Requested Funding Description:		Amount:
	- ·	
Please note: Registrations for workshops are the workshops.	responsibility of th	ne teachers attending the
If requested costs are not granted in full, will y payment? Yes No	ou continue the	PDG with partial
For Screening Committee Use: Action Taken:		

Revised 5/13