

Colonial IU 20
Att: Todd VanNortwick
6 Danforth Drive
Easton, PA 18045
DIOCESE - TITLE IIA - PRE-APPROVAL FORM

_____ School Year

NAME(S): _____ DATE: _____

NONPUBLIC SCHOOL: _____ DISTRICT: _____
(district in which funds will be deducted)

PRINCIPAL: _____ PHONE: _____

EMAIL: _____

CONFERENCE/EVENT: _____
DATE(S) OF CONFERENCE/ EVENT: _____
LOCATION OF CONFERENCE/EVENT: _____
COST OF CONFERENCE/EVENT <i>(per person)</i> : _____ TOTAL (not to exceed): _____

Title IIA Criteria (please check all that apply):

- Multiple Pathways to Teaching and Leading
- Induction and Mentorship
- Meaningful Evaluation and Support
- Strong Teacher Leadership
- Transformative School Leadership

Rationale for attending as it relates to Title IIA Criteria:

Principal:
 Approve Not Approved Signature: _____ Date: _____
Principal

Diocese of Allentown:
 Approve Not Approved Signature: _____ Date: _____
Emily Kleintop

Diocese of Scranton:
 Approve Not Approved Signature: _____ Date: _____
Kathleen Gilmartin

IU Supervisor:
 Approve Not Approved Signature: _____ Date: _____
Todd VanNortwick

CIU 20 OFFICE USE ONLY:	<input type="checkbox"/> TaC/Curriculum PD Request	<input type="checkbox"/> NPSS Ed. Tech PD Request
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Title II A
CONFERENCE PREAPPROVAL for NONPUBLIC SCHOOLS
To _____ Public School District
From _____
(Diocesan school name)

Conference/Workshop Information

Name:	Date:
Conference Title:	Location:
Conference Dates:	
Describe how this conference/workshop will relate to your classroom or job description:	

Estimate of Costs

Travel _____ miles at \$ _____ per mile = \$ _____

Lodging _____ nights at \$ _____ per night = \$ _____

Meals Breakfast _____ days at \$ _____ daily = \$ _____

Lunch _____ days at \$ _____ daily = \$ _____

Dinner _____ days at \$ _____ daily = \$ _____

Registration Fee \$ _____

Total Estimated Expenses \$ _____

Notes:(diocese requires the following)

- Receipts must be provided for reimbursable expenses.
- Reimbursement will not be made without receipts.
- Expenses are to be submitted on the “Expense Sheet”, within thirty (30) days following the conference.

Diocesan Principal Signature: _____ Date: _____

Diocesan Official Signature: _____ Date: _____

IU Supervisor Signature: _____ Date: _____