

Professional Learning Funds Pre-Approval Form (non-ESD staff)



All Professional Learning Fund guidelines apply.
All professional learning requests must be connected to the Head Start staff person's Professional Learning Plan.

Submit this form PRIOR to registering for classes/workshops

Name: _____ Center/Program: _____

Current Position/Job Title: _____ Phone: _____

Email: _____ **I am in Head Start**

Select One:

I am requesting funds for a college course Name of Course _____

Number of Credits: _____ Name of college or university: _____

Start/end dates of class: _____ My school ID number: _____

Major or focus of study: _____ I am working toward my: CDA AA BA MA

***Attach course description** (from catalog or class flier) ***Attach fee information** (from catalog fee page)

Tuition Cost \$: _____ Lab or Technology Fee(s) \$: _____ **Total Request \$:** _____

I am requesting job-related training. I am fully qualified for my current position

Name of Workshop, Conference, Training: _____

Number of hours/days: _____ Dates of Training: _____

Name of Training Organization/Institution: _____

Registration Cost \$: _____

How does this event support your Professional Learning Plan?

When professional learning funds are approved, you will be notified by email.

Employee Signature

Date

Center Director Signature

Date

Submit to: Cheryl Habgood by email to chabgood@psed.org or by fax to 425-917-7766 / 253-778-7766

ESD Early Learning Program Manager

Date

\$ _____
Total Amount Approved

