***Directions:*** *Complete the TITLE II-A Lead Sheet and return it with all necessary documentation to Heidi Gamler at h**eigam@berksiu.org**.*

**Part I:**

| **Today’s Date** |  |
| --- | --- |
| **Nonpublic School Name** |  |
| **Nonpublic School Administrator** |  |
| **Nonpublic School Phone Number** |  |
| **Title II-A Request** (use the dropdown box in the next column to choose an option) | Blank |
| **Which category does your Title II-A Request Align?** (use the dropdown box in the next column to choose an option) | Blank |
| **How does taking this conference/workshop align with your school’s Title II-A goals?**(If not sure of goals, please ask your administrator) |  |
| **Describe how this request will be shared with colleagues and/or students to ensure learning transfer.**  |  |
| **What evidence will you gather to ensure the transfer of learning?** |  |

**Part II:**

| **Educator’s Last and First Name** |  |
| --- | --- |
| **Educator’s Email Address** |  |
| **Educator’s Phone Number** |  |

**PART III: Complete ONLY the section that pertains to your request for Title II-A funds.**

| **Conference/Workshop Request** |
| --- |
| **Please note that if you are planning to attend an out-of-state conference there is a specific request that needs to be completed, then approved by the school district that provides the Title II-A funding, and finally, by PDE.****No reimbursements are available for conferences.** |
| **Title of Conference /Workshop** |  |
| **Date(s) of Conference/Workshop** |  |
| **Location of Conference/Workshop****\*\*\*Out of state needs approval- allow for 4-8 weeks for approval.** |  |
| **Cost of Conference/Workshop** |  |
| **Does this conference accept POs? If not, please indicate the type of payment they accept.** |  |

| **Professional Subscriptions**  |
| --- |
| **If you seek reimbursement, you must include receipts of payment, etc. to be reimbursed.** **We are not permitted to reimburse a school for any expense–only a person****All subscriptions must be educational-related and support the educator’s current position.** |
| **Name of the Subscription (Company)** |  |
| **New subscription or renewal** | **Blank** |
| **Cost of subscription** |  |
| **Is this a monthly, quarterly, or annual fee?** |  |
| **Does this vendor accept POs? If not, please indicate the type of payment they accept.** |  |
| **Is the BCIU paying for the subscription, or are you seeking reimbursement for the subscription?** |  |

| **Tuition Reimbursement** |
| --- |
| **If you seek reimbursement, you must include receipts of payment to be reimbursed.** **We are not permitted to reimburse a school for any expense–only a person** |
| **Tuition Pre-Approval Form** | **This document must be completed 30 days before the start of the course- NO Exceptions!**[**Click here**](https://docs.google.com/document/d/1GLuZ4X_KnWGEtVraXFKA54kEThanlyi9/copy?usp=sharing&ouid=117735557798211664875&rtpof=true&sd=true)**to access a copy of the document****Once the pre-approval form is received, The Director of Federal Programs will review it to ensure it meets the school district’s process, and then Maryanne Simons will contact you to let you know if the course has been approved, and explain next steps for receiving reimbursement for the course.** |
| **Read the Pre-Approval document to ensure you know and understand the expectations for tuition reimbursement. If you have any questions, please contact Candace Hall, Federal Program Coordinator for the BCIU.** |

**PART IV: Nonpublic School Administration Section:**

**By signing this document, the Nonpublic School Administration understands and accepts responsibility for ensuring:**

* **Request aligns with the Title II-A Performance Goal(s) for the 2022-23 school year**
* **Time is provided to the participant to share newly acquired information with students and/or staff**

**Nonpublic School Administrator’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PART V: Allentown Diocese Section (Diocese Schools Only)**

**By signing this document, the Allentown Diocese Office approves the Title II-A Professional Learning Request.**

**Dr. Kleintop’s Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART VI: Berks County Intermediate Section:**

**By signing this document, the BCIU Federal Program Coordinator ensures the following has been completed:**

* **All requests align to the 2022-23 Title II-A Performance Goals**
* **All necessary documentation and paperwork is completed on time, and accurately**
* **All requests are shared with the school district providing the Title II-A funds during the 2022-23 school year**

**BCIU Federal Program Coordinator’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**