**ST. JOHNS COUNTY SCHOOL DISTRICT**

**Department for Planning, Accountability and Assessment**

3015 Lewis Speedway, Unit 1 St. Augustine, Florida 32084

Telephone (904) 547-8911 Fax: (904) 547-8915 Sc

School Advisory Council Request for the Use of Funds
*Requests must be made 1 week prior to the SAC Meeting*
 Date: Requested by: Linda Davis and Deanna Scheffer

Purpose of the funds requested: Site license for Psychology 1 & 2 Materials

What Part of the School Improvement Plan will these funds address? Standards based resources for standard course that are at a more appropriate reading Lexile and which follow the current DSM.

How will you measure its effectiveness or impact? Scores, Reading and Notes

*In order for this project to be funded by the School Advisory Council, you will be required to provide a 5 minute presentation on how it has been used to improve the school and/or the quality of teaching you are able to provide. Do you agree to this?* (Yes or No) How much funding support do you require?

|  |  |  |  |
| --- | --- | --- | --- |
| **EXPENSE**  | **COSTS**  | **DATE NEEDED**  | **Brief Description**  |
| Materials Needed BB Bundle | 800.00 | asap | Interactive course materials that include ppys, games and other activities, assessment bank etc. |
| Technology Needed  |  |  |  |
| Registration Fees  |  |  |  |
| Travel Expenses  |  |  |  |
| Hotel Expenses  |  |  |  |
| Per Diem  |  |  |  |
| Other  |  |  |  |
| Other  |  |  |  |
| TOTAL  | 800 |  |  |



 Date Presented to SAC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Request Approved \_\_\_\_ Request Denied \_\_\_\_

SAC Chair Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Principal Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SAC Co- Chair Signature (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**St. Johns County Schools**

**Department of Planning and Accountability**