**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

School Advisory Council Request for the Use of Funds
*Requests must be made 1 week prior to the SAC Meeting*
 Date: August 10, 2023

What Part of the School Improvement Plan will these funds address?
***I would like to continue gaining training and learning about my specific content area in order to improve omy courses. Participating teachers and professors will be able to share materials, handouts, presentations and strategies with one another.***

***H***ow will you measure its effectiveness or impact? Scores, Reading and Notes
***I will be able collaborate, discuss, share and integrate new materials and strategies in my Levels 1-4 French courses.***

*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) How much funding support do you require?

|  |  |  |  |
| --- | --- | --- | --- |
| **EXPENSE**  | **COSTS**  | **DATE NEEDED**  | **Brief Description**  |
| Materials Needed BB Bundle | n/a |  |  |
| Technology Needed  | n/a |  |  |
| Registration Fees  | n/a |  |  |
| Travel Expenses  | 380.00 |  | Mileage @ 650 x .585 |
| Hotel Expenses  | 400.00 |  |  |
| Per Diem  | 100.00 |  |  |
| Other  |  |  |  |
| Other  |  |  |  |
| TOTAL  | 880.00 |  |  |



Date Presented to SAC: \_\_\_\_\_\_\_\_8/17/23\_\_\_\_\_\_\_\_\_\_\_\_\_ Request Approved \_\_\_\_ Request Denied \_\_\_\_

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

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

**St. Johns County Schools**

**Department of Planning and Accountability**