

GT Fund Request

Campus: _____ Date of Request: _____

Teacher(s) involved: _____

~for funds to be considered please complete the appropriate box below ~

Please complete a short description of your plan for GT students and what you need to implement the plan.

GT Plan for gifted students:

Materials, books, supplies needed to implement the above GT plan:

Total Amount Requested:

Please complete a short description how the books ordered will enhance instruction for GT students.

Professional development books:

Total Amount Requested:

When submitting, please attach the actual order form, website or description with the price breakdown.

Approved: _____ Date _____

(G/T Campus Committee or Contact Teacher)

Approved: _____ Date _____

(Principal)

Approved: _____ Date _____

(G/T District Facilitator)

Approved: _____ Date _____

(Cluster Director)

After obtaining contact teacher and principal's signature, send this form to:
Maria Chrzanowski @ the ESC.