Schedule of Proposed District Level Tier 2 Professional Development Activities 2001-2002

Region: D F GR1 GR2 K MP Y **District/Consortium**_____

(List multiple districts if necessary) _____

Date of Activity (e.g. Wed., Sept. 6, 2000)	**# hours**	School time **(S)** or nonschool **(NS)** time	**Name(s) of Trainer(s)**
TOTAL HOURS	***32 hours or more***		

Description of DISTRICT Costs for Professional Development *(costs incurred by district, not supported by M³RP, i.e.* ***cost sharing****)*
Meals **$**
Compensation **$**
Other (be specific) **$**

Please complete this form, attach extra pages if necessary, and mail or fax to the M³RP Project Office by August 31, 2001.

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