

Provider Approval Application Form

Community School District

Name of individual or
Organization requesting approval: _____

District Approved Provider: _____

Date of Application: _____

Describe how you will deliver technical assistance that meets the Iowa professional development standards. Include a schedule that suggests how you intend to support our district over time.

Describe how you intend to assist our district in designing, implementing, and evaluating professional development that meets the requirements for the District Career Development Plan.

Provide a one-paragraph description of your qualifications and areas of expertise in professional development.

Attach a narrated budget that describes your fees and expenses for providing services to our district.

List the procedures for evaluating the effectiveness of the technical assistance you plan to deliver in our district.

Provider Approval Granted:

Signature of Local District Administrator	Date
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Provider Approval Denied:

Signature of Local District Administrator	Date
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