CHOCTAW TRIBAL SCHOOLS
TITLE I PROGRAM CONFERENCE/WORKSHOP SUMMARY

NAME_____PROGRAM/SCHOOL_____

TITLE OF CONFERENCE_____

DATES OF TRIP_____LOCATION OF CONFERENCE_____

IN THE SPACE BELOW GIVE AN OVERVIEW OF THE CONFERENCE/WORKSHOP AND HOW IT RELATES TO YOUR POSITION IN THE DISTRICT.

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INDICATE HOW YOU WILL IMPLEMENT THE INFORMATION IN YOUR CLASSROOM AND SUBJECT AREA TO INCREASE STUDENT ACHIEVEMENT, HOW THIS INFORMATION WILL BE SHARED WITH DISTRICT STAFF UPON YOUR RETURN, AND HOW YOUR SUPERVISOR WILL EVALUATE THE EFFECTIVE IMPLEMENTATION OF THIS INFORMATION.

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SIGNATURE OF STAFF MEMBER_____DATE_____