

EAST CARROLL SCHOOLS
TITLE I
Teacher/Paraprofessionals
Request for Reimbursement

Name: _____ Date: _____

Teacher/ParaPro Assessment

Request for reimbursement for ParaPro Assessment

Amount	Date taken	Score
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Please attach a copy of scores

College Courses
Request for reimbursement for College Courses

Course	Amount	Dates taken	Grade
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University or College: _____

Reimbursement will be made after official transcript with grade of "C" or above.

Signature *Date*

Approval Signatures: _____

Principal

Supervisor/Director

*** I am receiving reimbursement for educational courses toward certification.**

