



SUMMARY FORM for Added Cost (VC) and Perkins (SP)

NAME: _____ SCHOOL DISTRICT: _____

Number of junior/senior CTE students impacted by this activity or purchase: _____

I am a (check one): _____ CTE Instructor _____ CTE Support Staff/Counselor/Admin.

PROFESSIONAL DEVELOPMENT or STUDENT COMPETITION

Conference Attended: _____ Date(s) Attended: _____

Summarize what you or your students **learned** at this conference and **how this will impact your students**:

Give at least one example of something (strategy/idea/materials, etc.) you plan on incorporating into your curriculum/lesson plan as an outcome of attending this conference:

Results of competition:

Number of DCTC DISTRICTS represented in competition: _____

Please remember to copy proof of attendance to your TRAC book.

FIELD TRIP/ACTIVITY TRAINING IS THIS WORK-BASED LEARNING? Y / N

Type of Field Trip/Activity/Training approved for reimbursement:

Briefly Summarize **how you incorporated or plan to incorporate** this activity **into your current CTE curriculum**. How did this enhance or supplement your curriculum or provide opportunities that broadened your students understanding of the career area and skills needed to be successful?

PLEASE ATTACH A COPY OF STUDENTS ATTENDING & HOME SCHOOL

SUPPLIES/MATERIALS

List materials/supplies approved for reimbursement through the Perkins Grant:

Briefly summarize **how you incorporated or plan to incorporate** this materials/supplies PURCHASE **into your current CTE curriculum**. How did this enhance or supplement your curriculum or provide opportunities that broadened your students' understanding of the career area and skills needed to be successful?

Please submit this form to your Business Office immediately following the conference or purchase.

This form must be included with the invoice to DCTC so your district can be reimbursed for your expenses.