



### 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.**