

**Washington County Board of Education
Professional Development Stipend Contract**

Name: _____

Date: _____

Work Location: _____

I have been advised that I am eligible for a Professional Development Stipend during the summer.
I qualify based on the following data:

Annual Personnel Evaluation – Induction

Annual Personnel Evaluation - Specific Needs Area

System / School Program Needs

Annual Personnel Evaluation – Enhancement *(only after other three need areas are met)*

I understand the following:

- 1) I must satisfactorily meet all the course requirements before receiving the stipend;
- 2) Stipend amounts will be determined at the board level.

Title of Course: _____

Date(s) of Course: _____

Sponsoring Agency *(Please check one)*

Washington County Board of Education

Other: _____

Stipend Amount: *(Please check one)*

1 day (6 hours) = \$75.00

2 days = \$150.00

3 days = \$225.00

Employee Signature: _____

Date: _____

Principal Signature: _____

Date: _____

Professional Learning Coordinator Signature: _____

Date: _____