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Miami-Dade County Public Schools
giving our students the world

Miami-Dade County Public Schools
Division of Advanced Academic Programs

Proposal for Use of Substitute Days Related to Educational Plan (EP) Development

School: _____ **Work Location:** _____

Principal: _____ **Phone:** _____ **Fax:** _____

E-mail: _____ **Regional Center:** _____

Contact Person for Educational Plan Development: **Name:** _____ **Title:** _____

Telephone #: _____ **E-mail:** _____

I. List the names of the teachers of the gifted who will be utilizing the substitute days to develop Educational Plans (EP) for the gifted.

Teacher		ID #
Last	First	

II. Describe how substitute days will be used to assist with the EP development process for gifted students.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____ _____

Name of person preparing form (print) Signature Date

_____ _____ _____

Principal's name (print) Signature Date

Please submit to:
9622 - SBAB Annex, Room 235
Attention: Educational Plan (EP) Substitute Proposal
OR
FAX: 305-995-7690
Attention: Educational Plan (EP) Substitute Proposal