

Professional Low Incidence Educator Coaching Program:
Expense Reimbursement Form
(to be completed by COACH at the end of the school year)

Participating Coach Name: _____ Educational Region: _____

Preferred Summer Mailing Address: _____

Email: _____

Preferred Phone Number: _____ (Circle One: Home Cell Work)

Social Security Number: _____
(This information is needed in order to process a stipend)

Participating Partner Name: _____ Educational Region: _____

REIMBURSEMENT IS REQUESTED FOR:

\$300 for services provided as a participating coach under the direction and support of the MN Low Incidence Projects.

Signature of Participating Coach

Date: _____

Signature of Statewide Low Incidence Specialist

Date: _____

Revised 5/2011

Funding for this event is made possible with a grant from the MN Department of Education.
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