



**LOWELL PUBLIC SCHOOLS**  
Henry J. Mroz Central Administration Offices  
155 Merrimack Street  
Lowell, MA 01852

Latifah Phillips  
Chief Equity and  
Engagement Officer

Tel: 978-674-4324  
Fax: 978-937-7609  
Email: LPhillipst@lowell.k12.ma.us

February 5, 2024

Liam Skinner- Superintendent of Schools  
Lowell Public Schools  
Henry J. Mroz Central Administration Building  
155 Merrimack Street  
Lowell, MA 01852

**Re: Educational Tour to Cambodia**

Dear Superintendent Skinner and Members of the School Committee,

The Office of Educational Equity and Community Empowerment is requesting permission for a team of district educators, administrators, and support personnel to travel to Cambodia for two weeks between the dates of June 15-July 6. The objective of this educational trip is for LPS teachers, administrators, and support personnel to deepen their understanding, knowledge and appreciation of Cambodian culture, heritage, and history, leveraging the city's unique connection as home to the second-largest Cambodian population in the United States. This professional learning opportunity aims to provide educators with firsthand experiences and insights into the cultural roots, traditions, and challenges faced by the Cambodian community. By engaging with local educators, institutions, and community leaders, participants will gather valuable knowledge and resources to create a culturally inclusive curriculum, promote diversity and professional learning among their peers, and better support Cambodian American students and families in Lowell.

This learning excursion was initiated by School Committee Member Dominik Lay at the August 11, 2021, school committee meeting:

*Request the Superintendent convene an ad hoc exploratory committee of diverse internal and external stakeholders to research the feasibility of and funding for an educational tour of Cambodia for LPS teachers, administrators, and support staff to experience first-hand the culture and traditions of Cambodia when Covid-19 safety protocols allow.*

Funding for this educational tour was allocated within the 2023-24 district budget approved by the school committee at the May 17, 2023 meeting, in the amount of \$100,000.

Following an application and interview process, 20 Lowell Public Schools staff will be attending the learning excursion with the cost being estimated at \$5,000 per person. The team represents an intersection of elementary, middle, and high school teachers, school administrators, community/family personnel, Central Office administrators from the Equity and Curriculum Offices as well as the Superintendent of Schools.

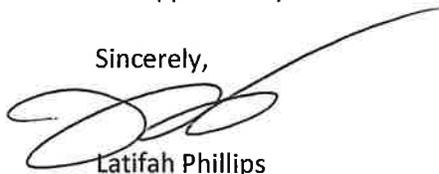
Additionally, the Equity Office is requesting \$5,000 in funding to be allocated from the School Committee budget for one (1) school committee member to accompany district staff. The recommendation is for Dominik Lay to participate in the learning excursion given his experience with Cambodian culture, language, and history.

The participants of the learning tour are as follows:

- Liam Skinner, Superintendent
- Latifah Phillips, Chief Equity and Engagement Officer
- Bopha Boutselis, District Support Specialist
- Zoe Dzineku, Family Leadership Institute Director
- Emily Thompson, Multilingual Learner District Support Specialist
- Jason McCrevan, Principal of Shaughnessy Elementary School
- Dave Anderson, Principal of S. Christa McAuliffe Elementary School
- Alicia Silverstone, Assistant Principal of Bailey Elementary School
- Darcie Coleman, Social Worker, Greenhalge Elementary School
- Rachel Margaglione, Special Education Teacher, Lincoln Elementary School
- Mary Shetler, ESL Teacher, Morey Elementary School
- Carl Foss, Social Studies Teacher, Bartlett Community Partnership School
- Monica Boore, Special Education Teacher, Career Academy
- Thomas Heywosz, Mathematics Teacher, Lowell High School Freshman Academy
- Rosa Payes, English Language Teacher, Lowell High School
- Aracelis Sullivan, Multilingual Learner Teacher, Lowell High School
- Rocio Payes, Mathematics Teacher, Lowell High School
- Marcia Zucco, World Language Teacher, Lowell High School
- Vannak Theng, Community Schools Manager, Robinson Middle School
- Darmery Montoya, Student Support Services Clerk, Lowell High School

We appreciate your consideration of this request.

Sincerely,



Latifah Phillips





To: Joel D. Boyd, Ed.D Superintendent  
 From: Latifah Phillips, Chief Equity and Engagement Officer  
 Date: January 27, 2023  
 Re: Motion Response

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This memo is in response to the following motion:

*[By Dominic Lay]: Request the Superintendent convene an ad hoc exploratory committee of diverse internal and external stakeholders to research the feasibility of and funding for an educational tour of Cambodia for LPS teachers, administrators and support staff to experience first-hand the culture and traditions of Cambodia when COVID-19 protocols allow.*

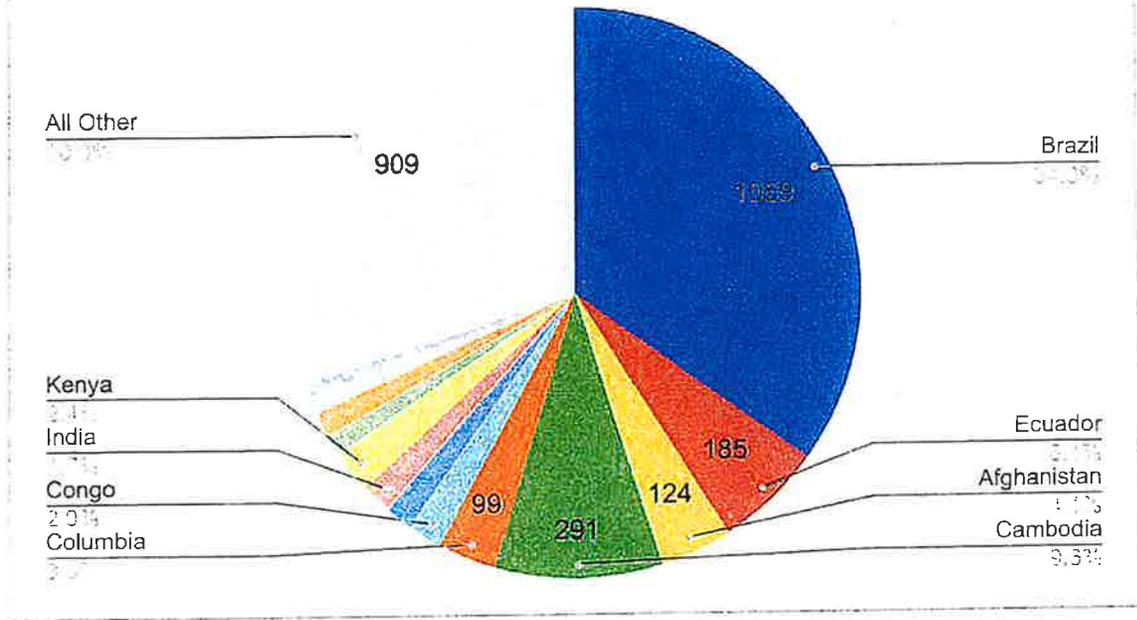
In partnership with Middlesex Community College, Lowell Public Schools was awarded a Fulbright-Hays Group Project Abroad grant to send 10 educators from LPS and MCC to Cambodia this summer. LPS participants, include: two teachers from Lowell High School, one teacher from the STEM Academy, one teacher from the Bartlett Community Partnership School and one teacher from the Stoklosa Middle school. Through this opportunity, participants will have a learning focus on healing connections: art, education and well-being.

The Office of Educational Equity and Community Empowerment is also currently researching costs and eligibility for utilizing the district’s general fund to support additional LPS teachers and support staff with this type of professional development opportunity in Cambodia, but also expanding the learning opportunities available to educators to also include immersion in the culture of countries from which other large populations of LPS students and families have emigrated. The current breakdown of our diverse populations, include:

Enrollment by Race/Ethnicity (2022-23)		
Race	% of District	% of State
African American	7.6	9.4
Asian	26.7	7.3
Hispanic	39.6	24.2
Native American	0.1	0.2
White	21.8	54.4
Native Hawaiian, Pacific Islander	0.0	0.1
Multi-Race, Non-Hispanic	4.1	4.4

<https://profiles.doe.mass.edu/>

## LPS Students Born Outside of U.S.



Based on the above motion and following the conclusion of our research into costs and eligibility, a recommendation will be presented for the Committee's consideration as part of the professional development appropriation within the FY24 budgeting process

LOWELL PUBLIC SCHOOLS

Office of Assistant Superintendent  
155 Merrimack Street  
Lowell, Massachusetts 01852

Phone: (978) 674-2020  
Fax: (978) 937-7609  
E-mail: bturner@lowell.k12.ma.us



To: Joel Boyd, Superintendent; James Hall, COO  
From: Billie Jo Turner, Assistant Superintendent of Finance/CFO  
RE: Budget Dates Available – Need Vote  
Date: January 25, 2023

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There is limited availability for City Hall Chambers in May. The attached dates are available so we seek your approval to commit to these dates to reserve the space and television coverage.



**LOWELL PUBLIC SCHOOLS**  
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155 Merrimack Street  
Lowell, MA 01852

Dr. Joel D. Boyd  
Superintendent

Tel: 978-674-4324  
Fax: 978-937-7609  
E-Mail: [superintendent@lowell.k12.ma.us](mailto:superintendent@lowell.k12.ma.us)

To: Michael Geary  
From: Dr. Joel D. Boyd  
Date: January 25, 2023  
Ref: Public Sessions: BUDGET FY24

Date	Time	Location
Wednesday, May 3, 2023 Regular School Committee Meeting <i>The Superintendent will present the FY24 Budget and provide a brief overview</i>	6:30PM	City Hall-Council Chambers
Thursday, May 4, 2023 <i>Budget Public Hearing</i>	6:30PM	City Hall-Council Chambers
Wednesday, May 10, 2023 <i>Budget Hearing</i>	6:30PM	City Hall-Council Chambers
Wednesday, May 17, 2023 <i>Budget Adoption</i>	6:30PM	City Hall-Council Chambers

JDB/mp

XC: Members of the Lowell School Committee  
Thomas Golden, City Manager  
Billie Jo Turner, Assistant Superintendent Finance/Operations  
Principals and Head of LHS  
Central Office Administration  
United Teachers of Lowell  
LSAA  
S.E.I.U. Clerical Unit  
Sun Reporter  
LTC  
Mary Sheehan, Recorder



# LOWELL SCHOOL COMMITTEE

## REGULAR MEETING MINUTES

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**Date:** September 1, 2021

**Time:** 6:30PM

**Location:** City Council Chamber, 375 Merrimack Street, 2nd Floor, Lowell, MA

### 1.SALUTE TO FLAG

### 2.ROLL CALL

On a roll call at 6:37 p.m., members present were, namely: Mr. Lay, Mayor Leahy, Ms. Martin, Ms. Clark, Mr. Descoteaux, Mr. Dillon and Ms. Doherty.

### 3.PERMISSION TO ENTER

#### 3.1. Permission To Enter: September 1, 2020

Mr. Lay made a motion to approve the Permission to Enter; seconded by Mr. Descoteaux. 7 yeas  
**APPROVED**

### 4.MEMORIALS

#### 4.1. Jolane Frances Roy, Retired Wang School Teacher

### 5.MOTIONS

**5.1.[By Dominik Hok Lay]:** Request the Superintendent convene an ad hoc exploratory committee of diverse internal and external stakeholders to research the feasibility of and funding for an educational tour of Cambodia for LPS teachers, administrators and support staff to experience first-hand the culture and traditions of Cambodia when Covid-19 safety protocols allow.

Ms. McLaughlin, Murkland School teacher registered and spoke on this motion. Mr. Lay presented letters from Ms. Koza and Ms. Carpenter, Stoklosa School teachers and Ms. Miller, Pyne/Arts Teacher who were in support of this motion.

Mr. Lay made a motion to approve; seconded by Mr. Dillon. 7 yeas **APPROVED**



**5.2.[By Mayor John Leahy]:** Request the Superintendent to look into the feasibility of installing new water bubblers in every school.

**Mayor Leahy asked that the motion read "Request the Superintendent to look into the feasibility of installing new water refillable station bubblers in every school.**

**Mayor Leahy made a motion to approve; seconded by Ms. Doherty. 7 yeas APPROVED**

**5.3. [By Mayor John Leahy]:** Request the Superintendent to provide the Committee clarification regarding the purchase of computer insurance by staff members.

This motion was answered on the floor. Ms. Desmond informed the Committee that the district is providing all administrators, teachers and paraprofessionals new laptops and that staff has been made aware that optional insurance for the laptop may be purchased. She stated that staff are not obligated to purchase this, however, if staff do purchase the insurance, the laptop will be replaced with a new laptop in the case of accidental damage, theft, fire, etc. If staff do not choose to purchase the optional insurance, in the case of a damaged laptop, a replacement will be provided using refurbished devices from existing Lowell Public Schools inventory.

**Mayor Leahy made a motion to approve; seconded Mr. Dillon. 7 yeas APPROVED**

## 6.REPORTS OF THE SUPERINTENDENT

### **6.1. Update On Efforts To Advance Diversity, Equity And Inclusion**

**Ms. Clark made a motion to refer the update on Efforts to Advance Diversity, Equity and Inclusion to a Equity & Access Subcommittee for further discussion; seconded by Mr. Descoteaux. 7 yeas APPROVED**

### **6.2. Final Report On 2021 Summer Program**

Andrew Chabak registered and spoke on agenda item #6.2.

Ms. Desmond, Chief Academic Officer provided an update to the Committee. The report included the following:

- Overview and Enrollment
- Curriculum and Professional Development
- Student Interns
- Transportation
- COVID-19 Protocols
- Community Partners – Highlighted Programs
- Plans for Extended Learning Programs for School Year 21/22 and Summer 2022



Mr. Dillon requested information on Resource Officers in our schools.

Ms. Martin asked how much the program cost and what were the student outcomes.

Ms. Doherty asked about the climate conditions.

Ms. Desmond stated that she would provide that information to them at the next meeting.

**Mr. Descoteaux made a motion to accept the Reports of the Superintendent 6.1 through 6.3 as reports of progress; seconded by Mr. Lay. 7 yeas APPROVED**

### **6.3. Status Report On Windows, Shades And Screens**

Mr. Underwood, Director of Operations and Maintenance provided a report to the Committee that informed them that CMC Shades and Specialists is scheduled to visit every school to obtain individual measurements and hardware requirements for shades over the coming weeks. School Shades must meet the National Fire Protection Association (NFPA) standards. A list of 677 missing or broken screens were gathered from schools across the district and measurements have been taken and the screens will be manufactured, delivered and put back in place over the next several weeks.

**Mr. Descoteaux made a motion to accept the Reports of the Superintendent 6.1 through 6.3 as reports of progress; seconded by Mr. Lay. 7 yeas APPROVED**

## **7. NEW BUSINESS**

### **7.1. Budget Transfer**

**Mr. Lay made a motion to approve the budget transfer of \$112,353 and to receive a breakdown of this transfer at the next School Committee meeting on September 15, 2021; seconded by Mr. Dillon. 6 yeas, 1 nay (Mayor Leahy) APPROVED**

### **7.2. Consideration Of Revision To The 2021-2022 School Calendar Due To The Preliminary Election**

**Mr. Descoteaux made a motion to approve the revised 2021-2022 School Calendar; seconded by Mr. Dillon. 7 yeas APPROVED**

**Ms. Doherty made a motion to suspend the rules to discuss a motion that isn't on tonight's agenda; seconded by Ms. Martin. 7 yeas APPROVED**

Ms. Doherty requested that the organizational chart be on the agenda at the next School Committee meeting for discussion.



**8. ADJOURNMENT**

Mr. Dillon made a motion to adjourn at 7:43 p.m.; seconded by Ms. Martin. 7 yeas APPROVED

Respectfully submitted,

Joel D. Boyd, ED.d.  
Superintendent and Secretary to the School Committee

JDB/mes

REQUEST FOR PROFESSIONAL DAY(S) TO ATTEND A  
WORKSHOP/CONFERENCE/FIELD TRIP/ACTIVITY

**ALLOW 4 WEEKS FOR PROCESSING**

**(6 WEEKS IF SCHOOL COMMITTEE APPROVAL IS NEEDED)**

**~Please fill out all provided fields to avoid any delays of the approval process~**

**REMIT TO: CURRICULUM OFFICE**

Name of Staff Member: Liam Skinner

School Central office Grade Level: \_\_\_\_\_ Subject: \_\_\_\_\_

Workshop Title: Education Trip to Cambodia

Organization/Department Presenting Workshop: \_\_\_\_\_ Cost: \_\_\_\_\_

Date(s) of Workshop: Tentative June 15 to June 30, 2024

Substitute Coverage Needed?  No  Yes (Please circle one)

If Para is to serve as the coverage, indicate Para's name here: \_\_\_\_\_

In State ( ) \*Out of State ( ) \*Overnight ( ) (Please  one)

**\*\* Letter to the Superintendent of Out of State/Overnight attached \*\***

Signature of Applicant:  Date: 02/02/24

Signature of Approval by Principal: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Please provide source of funding, account number and/or grant name, and number for workshop and substitute\*\***

<u>Funding Source</u>	<u>Workshop</u>	<u>Substitute</u>	<u>Initials of Approval Department</u>
Title I School			
Title I District			
Individual School Fund #			
Professional Development District			
SPED			
Other Grants/Programs (Provide Grant/Program Name & No.#)			

Signature of Central Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Sub Reserved: \_\_\_\_\_ Date: \_\_\_\_\_

Request Denied by: \_\_\_\_\_ Date: \_\_\_\_\_

\*A letter to the Superintendent for all out-of-state or overnight activities is required at the time the Liac Form is submitted and the "completed package" is to be sent to the Lowell Teacher Academy for processing.

REQUEST FOR PROFESSIONAL DAY(S) TO ATTEND A  
WORKSHOP/CONFERENCE/FIELD TRIP/ACTIVITY

**ALLOW 4 WEEKS FOR PROCESSING**

(6 WEEKS IF SCHOOL COMMITTEE APPROVAL IS NEEDED)

**Please fill out all provided fields to avoid any delays of the approval process.**

REMIT TO: CURRICULUM OFFICE

Name of Staff Member: Dominik LAY

School School Committee Grade Level: \_\_\_\_\_ Subject: \_\_\_\_\_

Workshop Title: Educator Trip to Camerelia

Organization/Department Presenting Workshop: \_\_\_\_\_ Cost: \_\_\_\_\_

Date(s) of Workshop: Tentative June 15 to June 30, 2024

Substitute Coverage Needed?  No  Yes (Please circle one)

If Para is to serve as the coverage, indicate Para's name here: \_\_\_\_\_

In State ( ) \*Out of State ( ) \*Overnight ( ) (Please  one)

\*\* Letter to the Superintendent of Out of State/Overnight attached \*\*

Signature of Applicant: Dominik Lay Date: 2/2/24

Signature of Approval by Principal: \_\_\_\_\_ Date: \_\_\_\_\_

\*\* Please provide source of funding, account number and/or grant name, and number for workshop and substitute \*\*

<u>Funding Source</u>	<u>Workshop</u>	<u>Substitute</u>	<u>Initials of Approval Department</u>
Title I School			
Title I District			
Individual School Fund #			
Professional Development District			
SPED			
Other Grants/Programs (Provide Grant/Program Name & No. #)			

Signature of Central Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Sub Reserved: \_\_\_\_\_ Date: \_\_\_\_\_

Request Denied by: \_\_\_\_\_ Date: \_\_\_\_\_

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REQUEST FOR PROFESSIONAL DAY(S) TO ATTEND A  
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REMIT TO: CURRICULUM OFFICE

Name of Staff Member: Latifah Phillips

School: Equity office Grade Level: \_\_\_\_\_ Subject: \_\_\_\_\_

Workshop Title: Learning Excursion to Cambodia

Organization/Department Presenting Workshop: Equity office Cost: \_\_\_\_\_

Date(s) of Workshop: \_\_\_\_\_

Substitute Coverage Needed?  No  Yes (Please circle one)

If Para is to serve as the coverage, indicate Para's name here: \_\_\_\_\_

In State ( ) \*Out of State ( ) \*Overnight ( ) (Please  one)

\*\* Letter to the Superintendent of Out of State/Overnight attached \*\*

Signature of Applicant: [Signature] Date: 2-1-24

Signature of Approval by Principal: [Signature] Date: 2/1/24

\*\* Please provide source of funding, account number and/or grant name, and number for workshop and substitute \*\*

<u>Funding Source</u>	<u>Workshop</u>	<u>Substitute</u>	<u>Initials of Approval Department</u>
Title I School			
Title I District			
Individual School Fund #			
Professional Development District			
SPED			
Other Grants/Programs (Provide Grant/Program Name & No. #)			

Signature of Central Administrator: [Signature] Date: 2/1/24

Sub Reserved: \_\_\_\_\_ Date: \_\_\_\_\_

Request Denied by: \_\_\_\_\_ Date: \_\_\_\_\_

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REMIT TO: CURRICULUM OFFICE

Name of Staff Member: Emily Thompson

School: Central Grade Level: \_\_\_\_\_ Subject: -

Workshop Title: Educator Trip To Cambodia

Organization/Department Presenting Workshop: \_\_\_\_\_ Cost: \_\_\_\_\_

Date(s) of Workshop: June 15 - June 30

Substitute Coverage Needed?  No  Yes (Please circle one)

If Para is to serve as the coverage, indicate Para's name here: \_\_\_\_\_

In State ( ) \*Out of State ( ) \*Overnight ( ) (Please  one)

\*\* Letter to the Superintendent of Out of State/Overnight attached \*\*

Signature of Applicant: Emily Thompson Date: 2/1/24

Signature of Approval by Principal: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*Please provide source of funding, account number and/or grant name, and number for workshop and substitute\*\*

<u>Funding Source</u>	<u>Workshop</u>	<u>Substitute</u>	<u>Initials of Approval Department</u>
Title I School			
Title I District			
Individual School Fund #			
Professional Development District			
SPED			
Other Grants/Programs (Provide Grant/Program Name & No. #)			

Signature of Central Administrator: [Signature] Date: 2/1/24

Sub Reserved: \_\_\_\_\_ Date: \_\_\_\_\_

Request Denied by: \_\_\_\_\_ Date: \_\_\_\_\_

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REMIT TO: CURRICULUM OFFICE

Name of Staff Member: Zoe Dzinaka  
 School: Central Office Grade Level: 1 Subject: 1  
 Workshop Title: Cambodian Learning Excursion  
 Organization/Department Presenting Workshop: Office of Equity & Empowerment  
 Date(s) of Workshop: 6-15-24 - 6-30-24  
 Substitute Coverage Needed?  No  Yes (Please circle one)  
 If Para is to serve as the coverage, indicate Para's name here: \_\_\_\_\_

In State ( ) \*Out of State ( ) \*Overnight  (Please  one)

\*\* Letter to the Superintendent of Out of State/Overnight attached \*\*

Signature of Applicant: Zoe Dzinaka Date: 2-1-2024  
 Signature of Approval by Principal: [Signature] Date: 2-1-2024

\*\* Please provide source of funding, account number and/or grant name, and number for workshop and substitute \*\*

<u>Funding Source</u>	<u>Workshop</u>	<u>Substitute</u>	<u>Initials of Approval Department</u>
Title I School			
Title I District			
Individual School Fund #			
Professional Development District			
SPED			
Other Grants/Programs (Provide Grant/Program Name & No. #)			

Signature of Central Administrator: [Signature] Date: 2-1-2024  
 Sub Reserved: \_\_\_\_\_ Date: \_\_\_\_\_  
 Request Denied by: \_\_\_\_\_ Date: \_\_\_\_\_

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REMIT TO: CURRICULUM OFFICE

Name of Staff Member: DAVID ANDERSON

School: McAULIFFE Grade Level: PK-4 Subject: PRINCIPAL

Workshop Title: LEARNING EXCURSION TO CAMBODIA

Organization/Department Presenting Workshop: EQUITY OFFICE Cost: \_\_\_\_\_

Date(s) of Workshop: JUNE 15-30

Substitute Coverage Needed?  No  Yes (Please circle one)

If Para is to serve as the coverage, indicate Para's name here: \_\_\_\_\_

In State ( )  \*Out of State  \*Overnight  (Please  one)

\*\* Letter to the Superintendent of Out of State/Overnight attached \*\*

Signature of Applicant: [Signature] Date: 1/31/24

Signature of Approval by Principal: [Signature] Date: 2/2/24

\*\*Please provide source of funding, account number and/or grant name, and number for workshop and substitute\*\*

Funding Source	Workshop	Substitute	Initials of Approval Department
Title I School			
Title I District			
Individual School Fund #			
Professional Development District			
SPED			
Other Grants/Programs (Provide Grant/Program Name & No. #)			

Signature of Central Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Sub Reserved: \_\_\_\_\_ Date: \_\_\_\_\_

Request Denied by: \_\_\_\_\_ Date: \_\_\_\_\_

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**REMIT TO: Curriculum, Instruction & Assessment Office**

Name of Staff Member: Jason McGovern \*

School Shaughnessy Grade Level: PK-4 Subject: \_\_\_\_\_

Workshop Title: Cambodia Excursion

Organization/Department Presenting Workshop: Equity Office Cost: \_\_\_\_\_

Date(s) of Workshop: Tentative (June 15<sup>th</sup> - 30<sup>th</sup>, 2024)

Substitute Coverage Needed?  No  Yes (Please circle one)

If Para is to serve as the coverage, indicate Para's name here: \_\_\_\_\_

In State ( ) \*Out of State ( ) \*Overnight ( ) (Please  one)

\*\* Letter to the Superintendent of Out of State/Overnight attached \*\*

Signature of Applicant: [Signature] Date: \_\_\_\_\_

Signature of Approval by Principal: [Signature] Date: 2.2.24

**\*\*Please provide source of funding, account number and/or grant name, and number for workshop and substitute\*\***

<u>Funding Source</u>	<u>Workshop</u>	<u>Substitute</u>	<u>Initials of Approval Department</u>
Title I School			
Title I District			
Individual School Fund #			
Professional Development District			
SPED			
Other Grants/Programs (Provide Grant/Program Name & No.#)			

Signature of Central Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Sub Reserved: \_\_\_\_\_ Date: \_\_\_\_\_

Request Denied by: \_\_\_\_\_ Date: \_\_\_\_\_

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**REMIT TO: CURRICULUM OFFICE**

Name of Staff Member: Alisha Silvestrone \_\_\_\_\_ + \_\_\_\_\_

School Bailey Elementary Grade Level: Pre K-4 Subject: Assistant Principal

Workshop Title: Cambodia Learning Excursion \_\_\_\_\_

Organization/Department Presenting Workshop: Equity & Empowerment Cost: \_\_\_\_\_

Date(s) of Workshop: June 15<sup>th</sup> - June 30<sup>th</sup> 2024 \_\_\_\_\_

Substitute Coverage Needed?  No  Yes (Please circle one)

If Para is to serve as the coverage, indicate Para's name here: \_\_\_\_\_

In State ( ) \*Out of State ( ) \*Overnight (  ) (Please  one)

\*\* Letter to the Superintendent of Out of State/Overnight attached \*\*

Signature of Applicant: Alisha Silvestrone Date: 1/31/2024

Signature of Approval by Principal: [Signature] Date: 2/1/24

\*\*Please provide source of funding, account number and/or grant name, and number for workshop and substitute\*\*

<u>Funding Source</u>	<u>Workshop</u>	<u>Substitute</u>	<u>Initials of Approval Department</u>
Title I School			
Title I District			
Individual School Fund #			
Professional Development District			
SPED			
Other Grants/Programs (Provide Grant/Program Name & No.#)			

Signature of Central Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Sub Reserved: \_\_\_\_\_ Date: \_\_\_\_\_

Request Denied by: \_\_\_\_\_ Date: \_\_\_\_\_

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**(6 WEEKS IF SCHOOL COMMITTEE APPROVAL IS NEEDED)**

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REMIT TO: CURRICULUM OFFICE

Name of Staff Member: Darcie Coleman + \_\_\_\_\_

School Greenidge Grade Level: \_\_\_\_\_ Subject: \_\_\_\_\_

Workshop Title: Learning Excursion to Cambodia

Organization/Department Presenting Workshop: \_\_\_\_\_ Cost: \_\_\_\_\_

Date(s) of Workshop: June 15, 2024 - June 30, 2024

Substitute Coverage Needed?  No  Yes (Please circle one)

If Para is to serve as the coverage, indicate Para's name here: \_\_\_\_\_

In State ( ) \*Out of State ( ) \*Overnight ( ) (Please  one)

\*\* Letter to the Superintendent of Out of State/Overnight attached \*\*

Signature of Applicant: [Signature] Date: 2-1-24

Signature of Approval by Principal: [Signature] Date: 2/1/24

\*\*Please provide source of funding, account number and/or grant name, and number for workshop and substitute\*\*

<u>Funding Source</u>	<u>Workshop</u>	<u>Substitute</u>	<u>Initials of Approval Department</u>
Title I School			
Title I District			
Individual School Fund #			
Professional Development District			
SPED			
Other Grants/Programs (Provide Grant/Program Name & No.#)			

Signature of Central Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Sub Reserved: \_\_\_\_\_ Date: \_\_\_\_\_

Request Denied by: \_\_\_\_\_ Date: \_\_\_\_\_

\*A letter to the Superintendent for all out-of-state or overnight activities is required at the time the Lilac Form is submitted and the "completed package" is to be sent to the Lowell Teacher Academy for processing.

REQUEST FOR PROFESSIONAL DAY(S) TO ATTEND A  
WORKSHOP/CONFERENCE/FIELD TRIP/ACTIVITY

**ALLOW 4 WEEKS FOR PROCESSING**  
**(6 WEEKS IF SCHOOL COMMITTEE APPROVAL IS NEEDED)**

~Please fill out all provided fields to avoid any delays of the approval process~

**REMIT TO: CURRICULUM OFFICE**

Name of Staff Member: Mary Shetler \_\_\_\_\_ + \_\_\_\_\_  
 School Morey School Grade Level: K-4 Subject: ESL  
 Workshop Title: Learning Excursion to Cambodia  
 Organization/Department Presenting Workshop: LPS Cost: \_\_\_\_\_  
 Date(s) of Workshop: 6/15/24 - 7/1/24  
 Substitute Coverage Needed? No  **Yes**  (Please circle one)

If Para is to serve as the coverage, indicate Para's name here: \_\_\_\_\_  
 In State ( )      \*Out of State (X)      \*Overnight (X)      (Please  one)

\*\* Letter to the Superintendent of Out of State/Overnight attached \*\*

Signature of Applicant: Mary C. Shetler Date: 2/2/24  
 Signature of Approval by Principal: R. McLaughlin Date: 2/2/24

\*\*Please provide source of funding, account number and/or grant name, and number for workshop and substitute\*\*

<u>Funding Source</u>	<u>Workshop</u>	<u>Substitute</u>	<u>Initials of Approval Department</u>
Title I School			
Title I District			
Individual School Fund #			
Professional Development District			
SPED			
Other Grants/Programs (Provide Grant/Program Name & No. #)			

Signature of Central Administrator: \_\_\_\_\_ Date: \_\_\_\_\_  
 Sub Reserved: \_\_\_\_\_ Date: \_\_\_\_\_  
 Request Denied by: \_\_\_\_\_ Date: \_\_\_\_\_

\*A letter to the Superintendent for all out-of-state or overnight activities is required at the time the Lilac Form is submitted and the "completed package" is to be sent to the Lowell Teacher Academy for processing.

REQUEST FOR PROFESSIONAL DAY(S) TO ATTEND A  
WORKSHOP/CONFERENCE/FIELD TRIP/ACTIVITY

**ALLOW 4 WEEKS FOR PROCESSING**

(6 WEEKS IF SCHOOL COMMITTEE APPROVAL IS NEEDED)

~~Please fill out all provided fields to avoid any delays of the approval process~~

REMIT TO: Curriculum, Instruction & Assessment Office

Name of Staff Member: Carl Foss

School Bartlett Grade Level: 7/8 Subject: Social Studies

Workshop Title: Learning Excursion to Cambodia

Organization/Department Presenting Workshop: Office of Equity + Empowerment Cost: \_\_\_\_\_

Date(s) of Workshop: 6/15/2024 - 6/30/2024

Substitute Coverage Needed?  No  Yes *\* unless there are more snow days, then yes* (Please circle one)

If Para is to serve as the coverage, indicate Para's name here: \_\_\_\_\_

In State ( ) \*Out of State ( ) \*Overnight ( ) (Please  one)

\*\* Letter to the Superintendent of Out of State/Overnight attached \*\*

Signature of Applicant: Carl Foss Date: 2/1/2024

Signature of Approval by Principal: [Signature] Date: 2/1/24

\*\*Please provide source of funding, account number and/or grant name, and number for workshop and substitute\*\*

<u>Funding Source</u>	<u>Workshop</u>	<u>Substitute</u>	<u>Initials of Approval Department</u>
Title I School			
Title I District			
Individual School Fund #			
Professional Development District			
SPED			
Other Grants/Programs (Provide Grant/Program Name & No. #)			

Signature of Central Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Sub Reserved: \_\_\_\_\_ Date: \_\_\_\_\_

Request Denied by: \_\_\_\_\_ Date: \_\_\_\_\_

\*A letter to the Superintendent for all out-of-state or overnight activities is required at the time the Lilac Form is submitted and the "completed package" is to be sent to the Lowell Teacher Academy for processing.

REQUEST FOR PROFESSIONAL DAY(S) TO ATTEND A  
WORKSHOP/CONFERENCE/FIELD TRIP/ACTIVITY

**ALLOW 4 WEEKS FOR PROCESSING**

**(6 WEEKS IF SCHOOL COMMITTEE APPROVAL IS NEEDED)**

~Please fill out all provided fields to avoid any delays of the approval process~

**REMIT TO: Curriculum, Instruction & Assessment Office**

Name of Staff Member: Thomas Heywood  
 School: Lowell High School Grade Level: 9 Subject: Mathematics  
 Workshop Title: Learning Excursion to Cambodia  
 Organization/Department Presenting Workshop: Equity Office Cost: \_\_\_\_\_  
 Date(s) of Workshop: June 15-June 30<sup>th</sup>  
 Substitute Coverage Needed?                      No                      Yes *if snow days* (Please circle one)  
 If Para is to serve as the coverage, indicate Para's name here: \_\_\_\_\_

In State ( )                      \*Out of State (X)                      \*Overnight (X)                      (Please  one)  
 \*\* Letter to the Superintendent of Out of State/Overnight attached \*\*

Signature of Applicant: *Thomas Heywood* Date: 2/11/24  
 Signature of Approval by Principal: *[Signature]* Date: 2/1/24

**\*\*Please provide source of funding, account number and/or grant name, and number for workshop and substitute\*\***

<u>Funding Source</u>	<u>Workshop</u>	<u>Substitute</u>	<u>Initials of Approval Department</u>
Title I School			
Title I District			
Individual School Fund #			
Professional Development District			
SPED			
Other Grants/Programs (Provide Grant/Program Name & No.#)			

Signature of Central Administrator: \_\_\_\_\_ Date: \_\_\_\_\_  
 Sub Reserved: \_\_\_\_\_ Date: \_\_\_\_\_  
 Request Denied by: \_\_\_\_\_ Date: \_\_\_\_\_

\*A letter to the Superintendent for all out-of-state or overnight activities is required at the time the Liac Form is submitted and the "completed package" is to be sent to the Lowell Teacher Academy for processing.

REQUEST FOR PROFESSIONAL DAY(S) TO ATTEND A  
WORKSHOP/CONFERENCE/FIELD TRIP/ACTIVITY

**ALLOW 4 WEEKS FOR PROCESSING**

(6 WEEKS IF SCHOOL COMMITTEE APPROVAL IS NEEDED)

**-Please fill out all provided fields to avoid any delays of the approval process-**

REMIT TO: CURRICULUM OFFICE

Name of Staff Member: Rachel Margaglioc

School: Lincoln Elementary Grade Level: PK-4 Subject: Special Education

Workshop Title: Cambodia Learning Expedition

Organization/Department Presenting Workshop: Equity Office Cost: \_\_\_\_\_

Date(s) of Workshop: 6/15 - 6/30

Substitute Coverage Needed? No  Yes  (Please circle one)

If Para is to serve as the coverage, indicate Para's name here: \_\_\_\_\_

In State ( ) \*Out of State ( ) \*Overnight  (Please  one)

\*\* Letter to the Superintendent of Out of State/Overnight attached \*\*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Approval by Principal: [Signature] Date: 2/5/24  
Letitia Phillips

\*\* Please provide source of funding, account number and/or grant name, and number for workshop and substitute \*\*

<u>Funding Source</u>	<u>Workshop</u>	<u>Substitute</u>	<u>Initials of Approval Department</u>
Title I School			
Title I District			
Individual School Fund #			
Professional Development District			
SPED			
Other Grants/Programs (Provide Grant/Program Name & No.#)			

Signature of Central Administrator: [Signature] Date: 2/5/24

Sub Reserved: \_\_\_\_\_ Date: \_\_\_\_\_

Request Denied by: \_\_\_\_\_ Date: \_\_\_\_\_

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REQUEST FOR PROFESSIONAL DAY(S) TO ATTEND A  
WORKSHOP/CONFERENCE/FIELD TRIP/ACTIVITY

**ALLOW 4 WEEKS FOR PROCESSING**  
**(6 WEEKS IF SCHOOL COMMITTEE APPROVAL IS NEEDED)**

**~Please fill out all provided fields to avoid any delays of the approval process~**

**REMIT TO: Curriculum, Instruction & Assessment Office**

Name of Staff Member: Rosa Payes

School: LHS Grade Level: 9-12 Subject: ML/ELL

Workshop Title: Cambodia Learning Excursion

Organization/Department Presenting Workshop: Equity Office Cost: \_\_\_\_\_

Date(s) of Workshop: 6/15-6/30

Substitute Coverage Needed?  No  Yes (Please circle one)

If Para is to serve as the coverage, indicate Para's name here: \_\_\_\_\_

In State ( ) \*Out of State ( ) \*Overnight  (Please  one)  
\*\* Letter to the Superintendent of Out of State/Overnight attached \*\*

Signature of Applicant: Rosa Payes Date: 2/01/24

Signature of Approval by Principal: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Please provide source of funding, account number and/or grant name, and number for workshop and substitute\*\***

<u>Funding Source</u>	<u>Workshop</u>	<u>Substitute</u>	<u>Initials of Approval Department</u>
Title I School			
Title I District			
Individual School Fund #			
Professional Development District			
SPED			
Other Grants/Programs (Provide Grant/Program Name & No. #)			

Signature of Central Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Sub Reserved: \_\_\_\_\_ Date: \_\_\_\_\_

Request Denied by: \_\_\_\_\_ Date: \_\_\_\_\_

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REQUEST FOR PROFESSIONAL DAY(S) TO ATTEND A  
WORKSHOP/CONFERENCE/FIELD TRIP/ACTIVITY

**ALLOW 4 WEEKS FOR PROCESSING**

(6 WEEKS IF SCHOOL COMMITTEE APPROVAL IS NEEDED)

**Please fill out all provided fields to avoid any delays of the approval process.**

REMIT TO: CURRICULUM OFFICE

Name of Staff Member: Ari Sullivan

School LHS Grade Level: 9-12 Subject: Math / EL

Workshop Title: Cambodian Learning Excursion

Organization/Department Presenting Workshop: Equity office Cost: \_\_\_\_\_

Date(s) of Workshop: 6/15/24 - 6/30/24

Substitute Coverage Needed?  No  Yes (Please circle one)

If Para is to serve as the coverage, indicate Para's name here: \_\_\_\_\_

in State ( ) \*Out of State ( ) \*Overnight  (Please  one)

\*\* Letter to the Superintendent of Out of State/Overnight attached \*\*

Signature of Applicant: Ari Sullivan - BphtBoutelis Date: 2/1/24

Signature of Approval by Principal: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*Please provide source of funding, account number and/or grant name, and number for workshop and substitute\*\*

Funding Source	Workshop	Substitute	Initials of Approval Department
Title I School			
Title I District			
Individual School Fund #			
Professional Development District			
SPED			
Other Grants/Programs (Provide Grant/Program Name & No. #)			

Signature of Central Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Sub Reserved: \_\_\_\_\_ Date: \_\_\_\_\_

Request Denied by: \_\_\_\_\_ Date: \_\_\_\_\_

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REQUEST FOR PROFESSIONAL DAY(S) TO ATTEND A  
WORKSHOP/CONFERENCE/FIELD TRIP/ACTIVITY

**ALLOW 4 WEEKS FOR PROCESSING**

(6 WEEKS IF SCHOOL COMMITTEE APPROVAL IS NEEDED)

**Please fill out all provided fields to avoid any delays of the approval process**

REMIT TO: CURRICULUM OFFICE

Name of Staff Member: Rocio Payes

School Lowell High School Grade Level: 9 Subject: Math-Algebra I

Workshop Title: Learning Excursion to Cambodia

Organization/Department Presenting Workshop: Office of Equity and Empowerment Cost: \_\_\_\_\_

Date(s) of Workshop: 6/15/24 - 6/30/24

Substitute Coverage Needed? No  **Yes**  (Please circle one)

If Para is to serve as the coverage, indicate Para's name here: \_\_\_\_\_

In State ( ) \*Out of State ( ) \*Overnight ( ) (Please  one)

\*\* Letter to the Superintendent of Out of State/Overnight attached \*\*

Signature of Applicant: Rocio Payes Date: 2/1/24

Signature of Approval by Principal: Andru Lili Date: 2/1/24

\*\* Please provide source of funding, account number and/or grant name, and number for workshop and substitute \*\*

Funding Source	Workshop	Substitute	Initials of Approval Department
Title I School			
Title I District			
Individual School Fund #			
Professional Development District			
SPED			
Other Grants/Programs (Provide Grant/Program Name & No. #)			

Signature of Central Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Sub Reserved: \_\_\_\_\_ Date: \_\_\_\_\_

Request Denied by: \_\_\_\_\_ Date: \_\_\_\_\_

\* A letter to the Superintendent for all out-of-state or overnight activities is required at the time the Lilac Form is submitted and the "completed package" is to be sent to the Lowell Teacher Academy for processing.

REQUEST FOR PROFESSIONAL DAY(S) TO ATTEND A  
WORKSHOP/CONFERENCE/FIELD TRIP/ACTIVITY

**ALLOW 4 WEEKS FOR PROCESSING**

**(6 WEEKS IF SCHOOL COMMITTEE APPROVAL IS NEEDED)**

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**REMIT TO: Curriculum, Instruction & Assessment Office**

Name of Staff Member: Marcia Zucco  
 School: LHS Grade Level: 9<sup>th</sup>-12<sup>th</sup> Subject: Portuguese  
 Workshop Title: Learning Excursion to Cambodia  
 Organization/Department Presenting Workshop: LPS Cost: \_\_\_\_\_  
 Date(s) of Workshop: 06/15 - 06/30  
 Substitute Coverage Needed? No  Yes  (Please circle one)  
 If Para is to serve as the coverage, indicate Para's name here: \_\_\_\_\_

In State ( ) \*Out of State ( ) \*Overnight  (Please  one)  
 \*\* Letter to the Superintendent of Out of State/Overnight attached \*\*

Signature of Applicant: Marcia Zucco Date: 02/01  
 Signature of Approval by Principal: [Signature] Date: 2/1/24

**\*\*Please provide source of funding, account number and/or grant name, and number for workshop and substitute\*\***

<u>Funding Source</u>	<u>Workshop</u>	<u>Substitute</u>	<u>Initials of Approval Department</u>
Title I School			
Title I District			
Individual School Fund #			
Professional Development District			
SPED			
Other Grants/Programs (Provide Grant/Program Name & No.#)			

Signature of Central Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Sub Reserved: \_\_\_\_\_ Date: \_\_\_\_\_

Request Denied by: \_\_\_\_\_ Date: \_\_\_\_\_

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REQUEST FOR PROFESSIONAL DAY(S) TO ATTEND A  
WORKSHOP/CONFERENCE/FIELD TRIP/ACTIVITY

**ALLOW 4 WEEKS FOR PROCESSING**

(6 WEEKS IF SCHOOL COMMITTEE APPROVAL IS NEEDED)

**Please fill out all provided fields to avoid any delays of the approval process.**

REMIT TO: CURRICULUM OFFICE

Name of Staff Member: Vannak Theng  
 School: Robinson M.S. Grade Level: 5-8 Subject: Community School Program Manager  
 Workshop Title: District Cambodian Learning Excursion  
 Organization/Department Presenting Workshop: Office of Equity & Empowerment  
 Date(s) of Workshop: June 15 - June 30, 2024  
 Substitute Coverage Needed?  No  Yes (Please circle one)

If Para is to serve as the coverage, indicate Para's name here: \_\_\_\_\_

In State ( ) \*Out of State ( ) \*Overnight  (Please  one)

\*\* Letter to the Superintendent of Out of State/Overnight attached \*\*

Signature of Applicant: [Signature] Date: 1/31/24  
 Signature of Approval by Principal: [Signature] Date: 2/1/24

\*\* Please provide source of funding, account number and/or grant name, and number for workshop and substitute \*\*

Funding Source	Workshop	Substitute	Initials of Approval Department
Title I School			
Title I District			
Individual School Fund #			
Professional Development District			
SPED			
Other Grants/Programs (Provide Grant/Program Name & No. #)			

Signature of Central Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Sub Reserved: \_\_\_\_\_ Date: \_\_\_\_\_

Request Denied by: \_\_\_\_\_ Date: \_\_\_\_\_

\* A letter to the Superintendent for all out-of-state or overnight activities is required at the same time the Lilac Form is submitted and the "completed package" is to be sent to the Lowell Teacher Academy for processing.

REQUEST FOR PROFESSIONAL DAY(S) TO ATTEND A  
WORKSHOP/CONFERENCE/FIELD TRIP/ACTIVITY

**ALLOW 4 WEEKS FOR PROCESSING**

(6 WEEKS IF SCHOOL COMMITTEE APPROVAL IS NEEDED)

**Please fill out all provided fields to avoid any delays of the approval process.**

REMIT TO: CURRICULUM OFFICE

Name of Staff Member: Jarmery Montoya

School L.H.S Grade Level: \_\_\_\_\_ Subject: \_\_\_\_\_

Workshop Title: Cambodia Educational Trip

Organization/Department Presenting Workshop: \_\_\_\_\_ Cost: \_\_\_\_\_

Date(s) of Workshop: Last two weeks on June June-15-20-2021

Substitute Coverage Needed?  No  Yes (Please circle one)

If Para is to serve as the coverage, indicate Para's name here: \_\_\_\_\_

In State ( ) \*Out of State ( ) \*Overnight  (Please  one)

\*\* Letter to the Superintendent of Out of State/Overnight attached \*\*

Signature of Applicant: Jarmery Montoya Date: 2/1/2024

Signature of Approval by Principal: \_\_\_\_\_ Date: \_\_\_\_\_

\*\* Please provide source of funding, account number and/or grant name, and number for workshop and substitute \*\*

Funding Source	Workshop	Substitute	Initials of Approval Department
Title I School			
Title I District			
Individual School Fund #			
Professional Development District			
SPED			
Other Grants/Programs (Provide Grant/Program Name & No. #)			

Signature of Central Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Sub Reserved: \_\_\_\_\_ Date: \_\_\_\_\_

Request Denied by: \_\_\_\_\_ Date: \_\_\_\_\_

\* A letter to the Superintendent for all out-of-state or overnight activities is required at the time the Lila Form is submitted and the "completed package" is to be sent to the Lowell Teacher Academy for processing.

REQUEST FOR PROFESSIONAL DAY(S) TO ATTEND A  
WORKSHOP/CONFERENCE/FIELD TRIP/ACTIVITY

**ALLOW 4 WEEKS FOR PROCESSING**

**(6 WEEKS IF SCHOOL COMMITTEE APPROVAL IS NEEDED)**

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**REMIT TO: CURRICULUM OFFICE**

Name of Staff Member: Monica Boone + \_\_\_\_\_

School Career Academy Grade Level: HS Subject: Special Education

Workshop Title: Educator Excursion to Cambodia

Organization/Department Presenting Workshop: \_\_\_\_\_ Cost: \_\_\_\_\_

Date(s) of Workshop: Tentative dates of June 15 - June 30

Substitute Coverage Needed?                      No                      Yes                      (Please circle one)

If Para is to serve as the coverage, indicate Para's name here: \_\_\_\_\_

In State ( )                      \*Out of State ()                      \*Overnight ()                      (Please  one)

\*\* Letter to the Superintendent of Out of State/Overnight attached \*\*

Signature of Applicant: [Signature] Date: 2/1/2024

Signature of Approval by Principal: [Signature] Date: 2/1/24

**\*\*Please provide source of funding, account number and/or grant name, and number for workshop and substitute\*\***

<u>Funding Source</u>	<u>Workshop</u>	<u>Substitute</u>	<u>Initials of Approval Department</u>
Title I School			
Title I District			
Individual School Fund #			
Professional Development District			
SPED			
Other Grants/Programs (Provide Grant/Program Name & No.#)			

Signature of Central Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Sub Reserved: \_\_\_\_\_ Date: \_\_\_\_\_

Request Denied by: \_\_\_\_\_ Date: \_\_\_\_\_

\*A letter to the Superintendent for all out-of-state or overnight activities is required at the time the Lilac Form is submitted and the "completed package" is to be sent to the Lowell Teacher Academy for processing.