



Lowell Public Schools
Lowell High School
50 Fr. Morissette Blvd
Lowell, Massachusetts 01852-1050



Michael Fiato
Head of School

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MEMORANDUM

To: Liam Skinner, Superintendent
Fr: Michael Fiato, Head of Schools, Lowell High School
Re: Overnight Travel Request

The Barr Foundation and The Learning Agenda have organized a peer site visit for **Portrait of a Graduate** on February 26, 2026, in Stratford, Connecticut.

At present, LHS is a Portrait of a Graduate grant recipient who receives support for school transformation by the Barr Foundation. The project's goal is to "do high school differently" to ensure that all Lowell High School graduates possess not only content knowledge, but also the skills necessary for post-secondary success. This year, the focus is on systems to improve instructional practices through classroom discourse.

The school visit is intended to allow the Barr grantees to visit sites that are also undergoing school transformation, share challenges and problem solve with other grantees, and hear from expert advisors from The Learning Agenda.

Participants will travel to Stratford, CT, on February 25, 2026, after the conclusion of the school day and return following the visit on February 26, 2026. All costs associated with the trip, including hotel and food, will be funded by the Barr Foundation. The following Lowell Public Schools employees request permission to attend this convening:

- Patricia Adams- Science Teacher & PoG Fellow
- Meghan Branco- Associate Head of Schools
- Amanda Ernst- Social Studies Teacher & PoG Fellow
- Connor Malek- ELA Teacher & PoG Fellow
- Emily Steinberg- Science Teacher & PoG Fellow
- Katelyn Ventola- Instructional Specialist & PoG Grant Manager
- Ruth Whalen Crockett- ELD Teacher & PoG Fellow

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: Amanda Ernst- | | PF Number: PF |
| School: LHS | Grade Level: 11-12 | Subject: Social Studies |
| Workshop Title: POG Stratford Peer Visit | | |
| Organization/Department Presenting Workshop: Barr Foundation | | |
| Cost: 0 | Date(s) of Workshop: from: 2/26/2026 to: 2/26/2026 | |
| Substitute Coverage Needed? Yes - One sub to cover one staff member If Para is to serve as the coverage, indicate Para's name here: | | |
| <p>* Out of State, * Overnight</p> <p>** Letter to the Superintendent of Out of State/Overnight attached **</p> | | |

| | |
|--|------------------------|
| Signature of Applicant: <i>Amanda Ernst</i> | Date: 1/15/2026 |
| Signature of Approval by Principal: <i>Meghan Branco</i> | Date: 2/26/2026 |

****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.#) | Targeted Assistance Grant (TAG) (16630005.512401.00026) | | MB |

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| Signature of Central Administrator: | Date: |
| Sub Reserved: | Date: |

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

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REMIT TO: CURRICULUM OFFICE

| | | |
|--|--|----------------------|
| Name of Staff Member: Connor Malek | | PF Number: PF |
| School: LHS | Grade Level: 11-12 | Subject: ELA |
| Workshop Title: POG Stratford Peer Visit | | |
| Organization/Department Presenting Workshop: Barr Foundation | | |
| Cost: 0 | Date(s) of Workshop: from: 2/26/2026 to: 2/26/2026 | |
| Substitute Coverage Needed? Yes - One sub to cover one staff member If Para is to serve as the coverage, indicate Para's name here: | | |
| <p>* Out of State, * Overnight</p> <p>** Letter to the Superintendent of Out of State/Overnight attached **</p> | | |

| | |
|--|------------------------|
| Signature of Applicant: <i>Connor Malek</i> | Date: 1/15/2026 |
| Signature of Approval by Principal: <i>Meghan Branco</i> | Date: 1/15/2026 |

****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.#) | Portrait of a Graduate (POG) (11680005.512401.00026) | | |

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| Signature of Central Administrator: | Date: |
| Sub Reserved: | Date: |
| Request Denied by: | Date: |

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REMIT TO: CURRICULUM OFFICE

| | | |
|--|--|-------------------------|
| Name of Staff Member: Emily Steinberg | | PF Number: PF |
| School: LHS | Grade Level: 10-12 | Subject: Science |
| Workshop Title: POG Stratford Peer Visit | | |
| Organization/Department Presenting Workshop: Barr Foundation | | |
| Cost: 0 | Date(s) of Workshop: from: 2/26/2026 to: 2/26/2026 | |
| Substitute Coverage Needed? Yes - One sub to cover one staff member If Para is to serve as the coverage, indicate Para's name here: | | |
| <p>* Out of State, * Overnight</p> <p>** Letter to the Superintendent of Out of State/Overnight attached **</p> | | |

| | |
|--|------------------------|
| Signature of Applicant: <i>Emily Steinberg</i> | Date: 1/15/2026 |
| Signature of Approval by Principal: <i>Meghan Branco</i> | Date: 1/15/2026 |

****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> |
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REMIT TO: CURRICULUM OFFICE

| | | |
|--|--|-------------------------|
| Name of Staff Member: Patricia Adams | | PF Number: PF |
| School: LHS | Grade Level: 9-10 | Subject: Science |
| Workshop Title: POG Stratford Peer Visit | | |
| Organization/Department Presenting Workshop: Barr Foundation | | |
| Cost: 0 | Date(s) of Workshop: from: 2/26/2026 to: 2/26/2026 | |
| Substitute Coverage Needed? Yes - One sub to cover one staff member If Para is to serve as the coverage, indicate Para's name here: | | |
| <p>* Out of State, * Overnight</p> <p>** Letter to the Superintendent of Out of State/Overnight attached **</p> | | |

| | |
|--|------------------------|
| Signature of Applicant: <i>Patricia Adams</i> | Date: 1/15/2026 |
| Signature of Approval by Principal: <i>Meghan Branco</i> | Date: 1/15/2026 |

****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> |
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| Other Grants/Programs (Provide Grant/Program Name & No.#) | Portrait of a Graduate (POG) (11680005.512401.00026) | | MB |

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REMIT TO: CURRICULUM OFFICE

| | | |
|--|--|----------------------|
| Name of Staff Member: Ruth Whalen Crockett | | PF Number: PF |
| School: LHS | Grade Level: 9-12 | Subject: MLE |
| Workshop Title: POG Stratford Peer Visit | | |
| Organization/Department Presenting Workshop: Barr Foundation | | |
| Cost: 0 | Date(s) of Workshop: from: 2/26/2026 to: 2/26/2026 | |
| Substitute Coverage Needed? Yes - One sub to cover one staff member If Para is to serve as the coverage, indicate Para's name here: | | |
| <p>* Out of State, * Overnight</p> <p>** Letter to the Superintendent of Out of State/Overnight attached **</p> | | |

| | |
|--|------------------------|
| Signature of Applicant: <i>Ruth Whalen Crockett</i> | Date: 1/15/2026 |
| Signature of Approval by Principal: <i>Meghan Branco</i> | Date: 1/15/2026 |

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

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| Title I District | | | |
| Individual School Fund # | | | |
| Professional Development District | | | |
| SPED | | | |
| Other Grants/Programs (Provide Grant/Program Name & No.#) | Portrait of a Graduate (POG) (11680005.512401.00026) | | MB |

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REMIT TO: CURRICULUM OFFICE

| | | |
|---|--|-------------------------------|
| Name of Staff Member: Meghan Branco | | PF Number: PF1889 |
| School: LHS | Grade Level: 9-12 | Subject: Administrator |
| Workshop Title: POG Peer Visit | | |
| Organization/Department Presenting Workshop: Barr Foundation | | |
| Cost: 0 | Date(s) of Workshop: from: 2/26/2026 to: 1/26/2026 | |
| Substitute Coverage Needed? No If Para is to serve as the coverage, indicate Para's name here: | | |
| <p>* Out of State</p> <p>** Letter to the Superintendent of Out of State/Overnight attached **</p> | | |

| | |
|--|------------------------|
| Signature of Applicant: <i>Meghan Branco</i> | Date: 2/26/2026 |
| Signature of Approval by Principal: <i>Michael Fiato</i> | Date: 1/16/2026 |

****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> |
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| Title I District | | | |
| Individual School Fund # | | | |
| Professional Development District | | | |
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REMIT TO: CURRICULUM OFFICE

| | | |
|--|--|--------------------------|
| Name of Staff Member: Katelyn Ventola | | PF Number: PF1893 |
| School: LHS | Grade Level: 9-12 | Subject: Math |
| Workshop Title: Katelyn Ventola- | | |
| Organization/Department Presenting Workshop: Barr Foundation | | |
| Cost: 9 | Date(s) of Workshop: from: 2/26/2026 to: 2/26/2026 | |
| Substitute Coverage Needed? No If Para is to serve as the coverage, indicate Para's name here: | | |
| <p>* Out of State, * Overnight</p> <p>** Letter to the Superintendent of Out of State/Overnight attached **</p> | | |

| | |
|--|------------------------|
| Signature of Applicant: <i>Katelyn Ventola</i> | Date: 1/15/2026 |
| Signature of Approval by Principal: <i>Meghan Branco</i> | Date: 1/15/2026 |

****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> |
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