|  |  |
| --- | --- |
| [Teacher Name][Street Address - Home][City, State, ZIP Code][Phone Number][Email Address] | INVOICE**Invoice #** 200-LASTNAME**INVOICE** **Date:** mm/dd/yyyy |
| BILL To:KU Center for Research on Learning Accounts Payable1122 W. Campus Rd, 7th FlLawrence, KS 66045Email: ku-transition@ku.edu |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |
| --- | --- | --- |
| DESCRIPTION | Date(s) of Service | Amount |
| T3I Semester 1 Activities (Grant DED1001119)* Collection of Parent/Guardian Consent
* Collection of Student Assent
* Attendance of one coaching session per month
* Facilitation of Semester 1 (Block 1&2) student assessments as outlined in the Data Collection Plan
* Completion of Semester 1 (Block 1&2) teacher surveys and observations as outlined in the Data Collection Plan
* Implementation of assigned intervention
 | MM/DD/YYYY – MM/DD/YYYY | $300.00 |
|  | **TOTAL DUE** | $300.00 |

 |