

Request for Professional Development or Coaching Support

This form should only be used to request professional development listed on the most up-to-date Professional Development Catalog. Coaching support can only be requested as a follow-up to trainings. A separate form must be submitted for each content area. E-mail the completed form to the PDC lead (klivingston@mdek12.org).

District Name

District Code

School Name(s) with Code(s)

List as School Name (School Code)

Please indicate if the school(s) participating fit in any of the following categories

Comprehensive School Improvement (CSI)

Targeted School Improvement (TSI)

Additional Targeted Support and Improvement (ATSI)

School-At-Risk (SAR)

Type of Request

Face-to-Face Presentation

Virtual Professional Development

Coaching Support

Requested Session (from the Professional Development Catalog only)

Grade Band

K-2

3-5

6-8

9-12

For ELA and mathematics sessions, only one grade band should be selected for each request.

Audience (Select all that apply)

All content sessions must have at least one representative from special education.

Administrators

Teachers

Counselors

Assistant Teachers

Other

ELA

Mathematics

Science

Social Studies

Special/Exceptional Education

Other

Number of General Education Participants

Number of Special Education Participants

A minimum of 15 participants is required. If you are unable to meet this number, you may open your session for a regional training.

Are you willing to host this session as a regional training? **Yes** **No**

If yes, how many additional participants may attend?

Physical address of the professional development session

Preferred date(s) or date range(s) of professional development sessions

1st Choice

2nd Choice

3rd Choice

Beginning Time

Ending Time

Will CEUs and/or SEMIs be provided? **Yes** **No**

5 contact hours are required for .5 CEUS. For more information on this process, please view the LEA Parameters

Will follow-up coaching services be requested for this training? **Yes** **No**

If this is a content-specific session, please list the materials being used as a curriculum for the grade bands and/or content areas selected. Include publisher-created, open education, and locally developed resources.

What does your data show specifically that indicates a need for this training?

Name of the administrator who will attend this training and be responsible for monitoring implementation

Email of this designee

Work number

Cell number

Name of approving administrator

Email address of this administrator

Title of the approving administrator

Superintendent Assistant Superintendent Curriculum Coordinator Principal Special Education Director
Federal Programs Director Other

Signature of approving administrator

Date of approval