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**Early Childhood Professional Learning Request Form**

Please complete the information below for on-site/virtual professional learning for early childhood and early childhood special education. Mark all boxes that apply to your on-site request. The Office of Early Childhood will work diligently to adhere to the time frame you have listed but cannot guarantee staff availability. Request(s) are to be submitted at least five days before training date. Therefore, please place your requests for assistance as early as possible. Email this completed form to earlychildhoodtrainings@mdek12.org.

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| **School district/ collaborative:** |  |
| **School/site name and physical address:** |  |
| **Contact person:****Contact’s email:****Contact’s phone:** |  |
| **Type of early childhood professional learning needed:** **(\_x\_ all that apply)** | \_\_\_Professional Learning \_\_\_Coaching \_\_\_Reviewing Information/Files \_\_\_ Meeting\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Month/date options of requested professional development:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1st date \_\_\_\_\_\_\_\_\_\_\_\_ Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2nd date \_\_\_\_\_\_\_\_\_\_\_\_ Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3rd date \_\_\_\_\_\_\_\_\_\_\_\_ Time |
| **Number of expected participants:** | \_\_\_Principals \_\_\_Assistant Teachers \_\_\_Curriculum Coordinators \_\_\_Teachers \_\_\_ Child Care Providers \_\_\_Head Start Staff Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Topic and description about requested professional learning:** |  |
| The school district/collaborative is responsible for providing printing/copying of all needed items. The Office of Early Childhood will email the contact person each item that needs to be printed/copied one week prior to the scheduled on-site date. |