

SPECIAL EDUCATION PROFESSIONAL DEVELOPMENT REQUEST FORM

Basic Information	
Contact Person/Title	Today's Date
School/District	Anticipated Number of Participants
Contact Person Phone Number and Email	Intended Audience (job role and grade taught)
Equipment provided	Proposed dates to be held (list 3)
Virtual or In Person	<div style="display: flex; justify-content: space-between;"> Time beginning Time Ending </div>
Area of Professional Development Activities	
Briefly list the type of professional development that you are requesting (classroom best practices, Parent, Autism, IEP development). Please be specific.	
Please briefly describe how the professional development activity will be utilized to improve the instructional process and/or effectively prepare teachers to meet challenging State or local academic content standards and student academic achievement standards. What data was used to determine this need, and what does the data say about your students' academic and behavioral performance? Is this request the result of a corrective action from a formal state complaint or programmatic monitoring?	
Please provide specific details describing your perception of the topics and content that should be covered during this training/workshop. (Session Objectives)	
MDE Contact: Michelle McClain mmcclain@mdek12.org 601-359-3498	Physical Location of the Training