

Mississippi Department of Education
Office of Professional Development
Professional Development Request Form

Note that all information on this form will be sent to the professional development coordinator (PDC) assigned to provide the service. This form should only be used to request professional development or technical assistance listed in the most up-to-date Menu of Services. Please save this form with your district name and include the date of submission [Example: Mississippi School District 9.23.2016]. A separate form must be submitted for each content area. E-mail the completed form to the PDC lead (klivingston@mdek12.org).

Please select ONE content area:

- Math Special Education Science
 Literacy ELA

Professional Development Session (from the Menu of Services only):

Grade Level/Band: K-2 3-5 6-8 9-12

Based upon the content of the selected training, a focused session involving only one or two grade bands at the most may be necessary.

Number of Participants:

If the total number of participants for the day is fewer than 15, please contact the PDC lead at klivingston@mdek12.org before submitting this request.

District(s) and/or School(s) involved:

Preferred date(s) of Professional Development Session:

1st Choice 2nd Choice 3rd Choice

Beginning Time:

Ending Time:

Once the PDC confirmation is received, the district/school must notify the PDC at least **24 hours** in advance if the times are changed for any reason.

Audience (Select all that apply)

- Administrators Assistant Teachers Counselors Central Office Staff Teachers
 Self-Contained ELA Math Science Social Studies Special Education Other

Name of the person requesting the Professional Development Session:

Phone number:

E-mail address:

Physical location and address of the Professional Development Session:

Contact person at physical location:

Phone number of person at physical location:

Will CEUs and/or SEMIs be provided? Yes No

5 contact hours are required for .5 CEUs and 6.25 for 5 SEMIs

What data has been used to determine the need for this training?

Describe the monitoring that will take place to ensure that concepts and skills acquired through this training are being implemented in the classroom and that student achievement is positively impacted.

Name of the district/school personnel who will be responsible for this monitoring:

Name of the administrator who has approved this request for professional development:

Check the title of the approving Administrator:

- Superintendent Curriculum Coordinator Principal Special Education Director
 Federal Programs Director

E-mail address of approving Administrator:

Signature of Approving Administrator

Date of Approval

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