

# 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 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](mailto:klivingston@mdek12.org)).

Please select **one** content area:

- |  |  |
|--|--|
| <input type="checkbox"/> Math (25 preferred, 15 minimum) | <input type="checkbox"/> Literacy (25 preferred, 15 minimum) |
| <input type="checkbox"/> Special Education (no minimum)  | <input type="checkbox"/> ELA (25 preferred, 15 minimum)      |

Professional Development Session (from Menu of Services only):

Grade Level/Band:

Number of participants:

District(s) and School(s) involved:

Preferred date(s) of Professional Development Session:

1<sup>st</sup> Choice

2<sup>nd</sup> Choice

3<sup>rd</sup> Choice

Beginning Time:

Ending Time:

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

Audience (assistant teachers, teachers, principals, counselors, central office staff, etc.):

Physical location of Professional Development Session:

Address of the physical location of Professional Development Session:

Contact person at physical location:

Phone number of person at physical location:

Will CEUs and/or SEMIs be provided? If yes, please copy the appropriate RESA contact person on the e-mail when submitting the PD request form. Yes ☐ No ☐

Person requesting the professional development session:

Phone number:

Email Address:

What is the documented basis for this training?

Describe the monitoring that will take place to ensure that this training is being implemented in the classroom and indicate who will be responsible for this monitoring.

Indicate below the title of the administrator(s) who has(have) approved this request for professional development. Select all that apply.

☐ Superintendent

☐ Curriculum Coordinator

☐ Principal

☐ Special Education Director

Provide the name and e-mail address for each administrator indicated above.

Please save this form with your district name and include the date of submission [Example: Mississippi School District 9.23.2016]. E-mail the completed form to the PDC Lead, copying your local RESA if you are requesting that CEUs/SEMIs be awarded.