

# Request for Professional Development or Coaching Support

This form should only be used to request professional development listed in the most up-to-date Menu of Services or Online Course 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

### School(s)

Please indicate if the schools participating fit in the following categories

Priority                      Focus                      At-Risk

## Type of Request

Face-to-Face Presentation                      Coaching Support                      Online Learning Course

Please select one content area (or all that apply for cross-curricular trainings)

Mathematics                      English Language Arts                      Science                      Social Studies                      Special Education

Professional Development Session (from the Menu of Services 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.

## Number of 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 can attend?

## Audience (Select all that apply)

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

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

## Preferred date(s) or date range(s) of Professional Development Sessions

1<sup>st</sup> Choice                      2<sup>nd</sup> Choice                      3<sup>rd</sup> Choice

For online courses, choose Fall /Spring I, Fall/Spring II, or Full Fall/Spring

## Beginning Time

## Ending Time

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

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

For information on completing this process, please view the LEA Parameters.

**List the physical address of the professional development location.**

**If this a content-specific session, please list the current 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?**

**What is it you expect your teachers to do differently as a result of this training? In addition to classroom observations, how will this be monitored?**

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

**Name of the administrator(s) who will attend the training and be responsible for this monitoring**

**Email of the designee(s)**

**Phone number of this designee(s)**

**Title of the approving administrator**

Superintendent      Curriculum Coordinator      Principal      Special Education Director  
Federal Programs Director      Professional Development Director

**Name of approving administrator**

**Email address of approving administrator**

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**Signature of approving administrator**

**Date of approval**

*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 at [klivingston@mdek12.org](mailto:klivingston@mdek12.org)*