

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

CSI TSI ATSI SAR

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

1st Choice 2nd Choice 3rd 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

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