

**Mississippi Department of Education**  
**Office of Professional Development**

**District 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](mailto:klivingston@mdek12.org)).

Please select ONE content area:

- |                                                                                  |                                                                                 |                                                                            |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> Math (15 minimum, with some exceptions for high school) | <input type="checkbox"/> Special Education (no minimum)                         | <input type="checkbox"/> English Learners (no minimum)                     |
| <input type="checkbox"/> Literacy (15 minimum)                                   | <input type="checkbox"/> ELA (15 minimum, with some exceptions for high school) | <input type="checkbox"/> Science (no minimum, middle and high school only) |

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.)

District(s) and/or 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 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 (i.e., Assistant Teachers, Teachers, Principals, Counselors, Central Office Staff)

- Administrators  Assistant Teachers  Counselors  Central Office Staff  
 Teachers

(Select all that apply)

- Self-Contained  ELA  Math  Science  Social Studies  Special Education  Other

Physical location and address of the Professional Development Session:

Contact person at physical location:

Phone number of person at physical location:

Will CEU's and/or SEMI's be provided?

(5 contact hours are required for .5 CEU's and 6.25 for 5 SEMI's)

Name of the person requesting the Professional Development Session:

Phone number:

E-mail address:

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.

What district/school personnel 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

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).