

**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 support services listed in the most up-to-date Menu of Services. **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:**

Mathematics      English Language Arts      Science      Special Education

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

**Grade Level/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:**

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

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

**Please indicate if the schools participating fit in the following categories:**

Priority      Focus      At-Risk      SIG

**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:

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:**

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**Signature of Approving Administrator**

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**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).