



PROFESSIONAL DEVELOPMENT REQUEST FORM
PD Request Forms may be submitted to literacy@mdek12.org

Basic Information

| | | | |
|-----------------------------------|------------------|-------------------|------------------------------------|
| Contact Person | School | Today's Date | Anticipated Number of Participants |
| Contact Person Number /Email | | Intended Audience | Equipment (Who will provide) |
| Professional Development Activity | Dates to be held | Time beginning | Time Ending |

Areas of Professional Development Activities *(please check all that apply)*

| | | |
|--|--|---|
| <input type="checkbox"/> Phonemic Awareness <input type="checkbox"/> Phonics <input type="checkbox"/> Fluency <input type="checkbox"/> Vocabulary <input type="checkbox"/> Comprehension | <input type="checkbox"/> Research-Based Decision Making <input type="checkbox"/> Assessment <input type="checkbox"/> Instructional Strategies <input type="checkbox"/> Data Analysis <input type="checkbox"/> Classroom Management | <input type="checkbox"/> Curriculum Alignment <input type="checkbox"/> Lesson Planning <input type="checkbox"/> Differentiated Instruction <input type="checkbox"/> Building a Professional Learning Community (PLC) |
|--|--|---|

Please briefly describe how the professional development activity will be utilized to improve the instructional process and/or effectively prepare students to meet challenging State or local academic content standards and student academic achievement standards. What data was used to determine this need?

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Please provide specific details describing your perception of the topics and content that should be covered during this training/workshop. (Session Objectives)

Location **Person requesting professional development**
(Initial or signature and contact email)