

## Early Childhood Professional Development Request Form

Please complete the information below for on-site/virtual professional development for early childhood and early childhood special education. Mark all boxes that apply to your on-site request. The Office of Early Childhood will work diligently to adhere to the time frame you have listed but cannot guarantee staff availability. Therefore, please place your requests for assistance as early as possible. Email this completed form to [earlychildhoodtrainings@mdek12.org](mailto:earlychildhoodtrainings@mdek12.org).

<b>School district/ collaborative:</b>	
<b>School/site name and physical address:</b>	
<b>Contact person: Contact's email: Contact's phone:</b>	
<b>Type of early childhood professional development needed: ( <input checked="" type="checkbox"/> all that apply)</b>	<input type="checkbox"/> Professional Development <input type="checkbox"/> Coaching <input type="checkbox"/> Reviewing Information/Files <input type="checkbox"/> Meeting <input type="checkbox"/> Other _____
<b>Month/date options of requested professional development:</b>	
<b>Number of expected participants:</b>	<input type="checkbox"/> Principals <input type="checkbox"/> Assistant Teachers <input type="checkbox"/> Curriculum Coordinators <input type="checkbox"/> Teachers <input type="checkbox"/> Child Care Providers <input type="checkbox"/> Head Start Staff Other _____
<b>Topic and description about requested professional development:</b>	
<p>The school district/collaborative is responsible for providing printing/copying of all needed items. The Office of Early Childhood will email the contact person each item that needs to be printed/copied one week prior to the scheduled on-site date.</p>	

**MDE use only:** Date PD request received: \_\_\_\_\_  
Date contacted to schedule PD: \_\_\_\_\_

Staff member assigned to: \_\_\_\_\_  
Date of initial PD: \_\_\_\_\_