

**SPECIAL EDUCATION
PROFESSIONAL DEVELOPMENT REQUEST FORM**

From: _____ To: _____
Immediate Supervisor

Title _____ Employee # _____ Loc # _____ Phone # _____

Conference/Workshop Name _____
Location of Conference _____
Date(s) of Conference _____

REQUEST FOR CONFERENCE FEE: AMOUNT \$ _____

CONFERENCE APPLIES TO WHICH OF THE FOLLOWING LOCAL AND STATE GOALS?
Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Literacy | <input type="checkbox"/> Low Incidence Population |
| <input type="checkbox"/> Early Intervention/Prevention | <input type="checkbox"/> Collaboration/Consultation |
| <input type="checkbox"/> Behavior/Mental Health | <input type="checkbox"/> Mediation/Conflict Management |
| <input type="checkbox"/> Working with Families | <input type="checkbox"/> Assessment |
| <input type="checkbox"/> Culturally/Linguistically Diverse Students | <input type="checkbox"/> Inclusion |

The districts' expectation is that you will share the knowledge gained. How will your attendance benefit the district and students with special needs? To whom will you present this information? _____

ATTACHMENTS:

APS Request for Leave Slip _____ Completed Conference Registration Form _____

Professional Development Request Form _____

Requested by _____ Date _____

Supervisor Approval _____ Date _____

Specialist Approval _____ Date _____