SPECIAL EDUCATION
PROFESSIONAL DEVELOPMENT REQUEST FORM

From: ___________________________  To: ___________________________

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.

___ Literacy  ___ Low Incidence Population
___ Early Intervention/Prevention  ___ Collaboration/Consultation
___ Behavior/Mental Health  ___ Mediation/Conflict Management
___ Working with Families  ___ Assessment
___ Culturally/Linguistically Diverse Students  ___ 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?

__________________________________________________________________________________________

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ATACHMENTS:

APS Request for Leave Slip ______  Completed Conference Registration Form ______
Professional Development Request Form ______

Requested by: ___________________________  Date: ____________
Supervisor Approval: ___________________________  Date: ____________
Specialist Approval: ___________________________  Date: ____________

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