

Professional Development Workshop Request Form

School: _____ Date: _____ Employee: _____

Name of Training: _____ Projected Dates: _____

Approximate Number of Participants: _____ Requesting Stipends? Yes No

Requesting Consultant Fee? Yes No Amount of Consultant Fee: _____

Consultant Name: _____ Time of Training: Start _____ End _____

Cost Strip: _____
Fund Function Object Center Project

1) Training to Be Completed (Planning)

1. What are the objectives of this professional development training? _____

2. What activities will be a part of this training? _____

Does this training meet School Improvement Planned Objectives? Yes No

If **No**, explain how this activity will advance student achievement and how it is tied to Sunshine State Standards. _____

2) Implementation:

1. After receiving the training, how will this be implemented in the classroom and shared within your grade level or school? _____

2. What are the expected outcomes that will impact student learning? _____
