

**Arkansas Adult Learning Resource Center  
Request for Professional Development Activity**

**Date:**

**To:** AALRC Professional Development Coordinator

**FM:**

**Activity Requested:**

- 1. Rationale for training**
- 2. Specific training objectives**
- 3. Suggested Format**
- 4. Method of Evaluation**
- 5. Suggested Trainer:**
- 6. Recommended Audience:**
- 7. Number to be Trained:**
- 8. Recommended Training Site:**
- 9. Contact:**
- 10. Line Item Budget (cost of lunch, travel, etc.)**

**Action by Professional Development Team and/or  
AALRC PD Coordinator/Director**

\_\_\_\_ Approved

\_\_\_\_ Approved with modification(s)

\_\_\_\_ Disapproved

Comments:

\_\_\_\_\_  
AALRC PD Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
AALRC Director

\_\_\_\_\_  
Date