

| | |
|-----------------|-------------------|
| OFFICE | MEL #: _____ |
| USE ONLY | Event ID #: _____ |

PROFESSIONAL DEVELOPMENT TRAINING/WORKSHOP REQUEST FORM

(Please complete all required (* asterisked) fields to avoid delay in processing of request.)

***Title of Workshop:** _____

***Description:** _____

***Event Type:**

| | | |
|---|---|--|
| <input type="checkbox"/> Board Meeting | <input type="checkbox"/> Executive Committee Meeting | <input type="checkbox"/> Online Course |
| <input type="checkbox"/> Professional Development | <input type="checkbox"/> Teacher Center Committee Meeting | <input type="checkbox"/> Other |

***Credit Type:**

| | | | |
|---|---|--------------------------------|--|
| <input type="checkbox"/> CEU (College Credit) | <input type="checkbox"/> Graduate Hours | <input type="checkbox"/> Other | <input type="checkbox"/> Staff Development Hours |
|---|---|--------------------------------|--|

***Strand: (Check all that apply)**

| | | |
|---|--|---|
| <input type="checkbox"/> Advocacy/Leadership | <input type="checkbox"/> AR Content Standards/Frameworks | <input type="checkbox"/> Assessment |
| <input type="checkbox"/> AR History | <input type="checkbox"/> Classroom Management | <input type="checkbox"/> Cognitive Research |
| <input type="checkbox"/> Collaborative Learning Comm. | <input type="checkbox"/> Curriculum Alignment | <input type="checkbox"/> Data Disaggregation |
| <input type="checkbox"/> Educational Technology | <input type="checkbox"/> Fiscal Management | <input type="checkbox"/> Health/Physical Activity |
| <input type="checkbox"/> Instructional Leadership | <input type="checkbox"/> Instructional Strategies | <input type="checkbox"/> Mentoring/Coaching |
| <input type="checkbox"/> Non-Curricular | <input type="checkbox"/> Prin. of Learning & Dev | <input type="checkbox"/> Private Event |
| <input type="checkbox"/> Student Health & Wellness | <input type="checkbox"/> Supervision | <input type="checkbox"/> Systemic Change Process |

Subject: (Check all that apply)

| | | | |
|--|---------------------------------------|---|---|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> All Subjects | <input type="checkbox"/> Business Ed. | <input type="checkbox"/> ELL |
| <input type="checkbox"/> Language Arts | <input type="checkbox"/> Literacy | <input type="checkbox"/> Math | <input type="checkbox"/> Mental Health & Wellness |
| <input type="checkbox"/> Social Science | <input type="checkbox"/> Technology | <input type="checkbox"/> Career Readiness & Work Based Learning | |

Audience: (Check all that apply)

| | | | |
|--|--|---|---|
| <input type="checkbox"/> Administrators | <input type="checkbox"/> All Educators | <input type="checkbox"/> Assistant Principals | <input type="checkbox"/> Counselors |
| <input type="checkbox"/> Instructional Leaders | <input type="checkbox"/> Para Pros | <input type="checkbox"/> Principals | <input type="checkbox"/> Reading Recovery |
| <input type="checkbox"/> Technology Coordinators | <input type="checkbox"/> Staff | | |

Facilitator: Dr. Shelia Wilkerson **Fee:** _____ **Billing:** ESCWorks Bookkeeping

***Number of Participants:** _____ ***In person** (Meeting Room: _____) **Virtual**
 (If virtual ***Zoom will be created by:** AALRC Presenter) Private Event

***Workshop Date(s):** _____ ***Time:** _____

***Credit Hours:** Total Credit Hours: _____ Full Day Workshop Half Day Workshop Multiple Days

***Presenter(s):** _____

Credit and Amount:

| | | |
|---|---|---|
| <input type="checkbox"/> Advanced Placement _____ | <input type="checkbox"/> Arkansas History _____ | <input type="checkbox"/> Arkansas Scholarship _____ |
| <input type="checkbox"/> Data Disaggregation _____ | <input type="checkbox"/> Fiscal Management _____ | <input type="checkbox"/> Educational Technology _____ |
| <input type="checkbox"/> Health/Physical Activities _____ | <input type="checkbox"/> Instructional Leadership _____ | <input type="checkbox"/> Parental Involvement _____ |

Additional Comments/Information: _____
