

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
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***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: Marsha Taylor **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: _____
