

Professional Learning Opportunity Planning Document

Purpose: This document provides us with primary information needed to plan the requested professional learning opportunities. Center staff will contact you soon after we receive the form.

Directions: Please complete the form with as much information as you have currently. List "TBD" for any information that is not known. Please let me know if you have any questions.

Center Contact Information

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Director

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Individual, District, or Organization Requesting Services
Contact:
Title:
Organization:
Address:
Work Number:
E-Mail:
Topic(s) to Be Covered Describe the specific topic(s) to be covered in the session(s). Outcomes
List the desired outcomes for the training.
Participants
Provide a brief description of the anticipated number of participants, their grade level(s), and previous training relative to the proposed topic(s).

Proposed Dates/Time for Training

Please list the potential dates or date ranges in order of preference as well as the anticipated schedule for the training day(s). If you want ongoing professional learning throughout a school year, please estimate how many training days you might need and what months or specific dates this might be held.

Additional Information

Please provide any additional information you feel would be helpful to help us plan (e.g., budget, requested speakers).