

Curriculum Design & Delivery
Professional Development Request Form

1. School District: _____ Date: _____

2. Position: _____

3. Contact Information - Please complete all fields.

First Name: _____

Last Name: _____

Building: _____

Phone Number: _____

Email: _____

4. Requested date(s) for programming. Include multiple dates for the same topic or consecutive dates if applicable.

5. Time requested:

_____ AM Only – 8:30-11:30 - \$365.00 per presenter

_____ PM Only – 12:30-3:30 - \$365.00 per presenter

_____ Full Day – 8:30-3:30 - \$620.00 per presenter

_____ Other, please specify _____

**** Cost does not include cost of printed handouts**

6. Topic or content requested:

7. Please provide specific details of your intentions for this training/workshop (ex. expected outcome)

8. Anticipated number of participants: _____

9. Please indicate who will be participating in this program. *(Check all that apply)*

_____ Special Education Teachers

_____ Regular Education Teachers

_____ K-12

_____ Elementary (K-5)

_____ Middle (6-8)

_____ High (9-12)

_____ Administrators

_____ Para-educators

_____ Support Staff

_____ Other, Please specify: _____

10. Where should the trainer(s) report on the day of training? (Please provide address)

11. Please describe the workshop room set up and amenities available:

12. Who will serve as point of contact on the day of training?

Name: _____

Position: _____

Email address: _____

13. Have any MIU IV staff been contacted directly about this training? Yes No

If so, please provide the staff member's name. _____



Please direct any questions and return to:

Dr. David Zupsic, Coordinator, Curriculum Design & Delivery

Email: david.zupsic@miu4.org

Phone: 724-458-6700 x1227

www.miu4.org