



Professional Development Request Form (GSMU)



Date(s) of Course: _____ Number of Days: _____ Start Time: _____ End Time: _____

School Level Professional Development Course Title:
 _____ : _____ (_____)
(School Abbreviation) (Course Title) (Semester & Year)

District Level Professional Development Course Title:
 _____ : _____ (_____)
(Grade Level, if applicable) (Course Title) (Semester & Year)

For district level courses only, mark the **ONE** focus area below that best describes where this course should be categorized on GSMU:

- | | | | |
|----------------|------------------|-------------------|------------|
| Assessment | Early Childhood | ELA | Electives |
| ELL | General | Math | Science |
| Social Studies | Social/Emotional | Special Education | Technology |

Grade Level: _____ Number of Participants: _____ Number of Contact Hours/CLUs: _____
 Course Location Site: _____ Course Room Number: _____

Description of Professional Development:

Special Materials for Participants to Bring:

Contact Person/Instructor #1: Name: _____ Email: _____
(Counts as an instructor – GSMU limit is 3; responsible for taking attendance and distributing certificates) Location: _____ Phone: _____

Course Instructor #2: Name: _____

Course Instructor #3: Name: _____

Follow-Up/Support: _____ **Person Responsible:** _____
 Participants: Teachers Paras Administrators Other: _____

Check All That Apply: Stipends Provided/CLUs **Funding Source:** _____
 Subs Provided/CLUs **Funding Source:** _____
 After School/CLUs Only

Administrator's/Supervisor's Signature: _____ **Date:** _____

Send request form **TWO WEEKS PRIOR** to your course start date to Stacey Magee, Professional Development Coordinator via:
 Email: stacey.magee@stpsb.org or Fax Number: **674-3520**

APPROVED BY: _____ **DATE:** _____
Professional Development Coordinator

Date Request Received: _____ **Date Placed on Go Sign Me Up:** _____