

Breathitt County Schools – Professional Development Request

Requested By: _____

Date of Request: _____

Requested For: _____
 (Names) _____

Date of Training: _____

Time of Training: _____

Location of Training: _____

of Hours Requested: _____

Training Content

Title: _____	Trainer: _____
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Notes:	_____
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Please check the PD type addressed below.

	Research-Based Instructional Strategies	Virtual Learning	
	Assessment	Preschool Program	
	Classroom Observation	Primary Program	
	Coaching/Mentoring	Learning Goals/AE	
	Seminar W/O Follow-up	Non-Cognitive Info.	
	Seminar With Follow-up	Action Research	
	Conferences	Study Group	
	Peer Collaboration	SBDM	
	School Visits	Educational Tech	

Office Use Only

PD Evaluation Form Received
<input type="checkbox"/>

Principal/Program Coordinator Signature: _____	Date: _____
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PDC Signature: _____	Date: _____
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All PD credit requests should be submitted to the Central Office at least one week prior to training date.