



ESE Training Request Form

Requester's Name/School: _____

Date of Request: _____

Name of Activity: _____

of People to be trained: _____

Request for a Professional Development component code to improve the knowledge of instructional staff in "the area of instruction for teaching students with disabilities" (SB 1108).

Describe your request:

Description of the activities to carry out training:

Describe how the request supports the effectiveness of teachers and/or improved student achievement.

How will you evaluate the effectiveness of the training after it is completed (be specific—this is how YOU will evaluate not how the participants evaluate).

Please note: this is NOT a request for funds. Any funds needed must be provided by the school.

Approvals:

Administrator: _____ (date)

ESE Supervisor: _____ (date)

ESE Component Code: _____

****Please submit to the ESE dept. at Manning for review and approval****

Please note: All approvals must be received prior to the commitment to provide the training