

Date: _____ District: _____

OSDE-SES Professional Development Request

Professional development offered by the Oklahoma State Department of Education, Special Education Services is available upon request. Trainings require a minimum number of participants and may include the coordinated effort of reaching out to other districts to maximize all learning opportunities. The information listed below is required to ensure that the needs of the requesting district/school are identified and addressed by the OSDE-SES.

CONTACT INFORMATION

Person(s) Responsible: _____
Title: _____
District: _____
School (if applicable): _____
Training site address: _____
Phone: _____ Summer Contact Preference: _____
Email: _____

TRAINING REQUESTED

Topic(s): _____
Preferred Date #1: _____ Preferred Time #1: _____
Preferred Date #2: _____ Preferred Time #2: _____
Anticipated Length: ___ 45 min. ___ 60 min. ___ 90 min. ___ 2 hours ___ Other: _____

PARTICIPANTS

Number of expected participants: _____ Required:
Special Education Teachers General Education Teachers
Administrators Other Staff

OTHER RELEVANT INFORMATION

Please use this area to note any other factors relevant to the training, including the reasons for requesting the particular topic.

