**Special Education Request to Attend Out of District or Webinar Professional Development**

**Southern Minnesota Special Education Consortium #6083-52**

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| Date Submitted: Click here to enter a date. | Date of Professional Development: Click here to enter a date. |

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| Name of Workshop or Professional Development Activity (Please attach description and completed registration form): |
| Click here to enter text. |

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| --- | --- |
| Registration Fee: Click here to enter text. | Mileage/Parking Fees: Click here to enter text. |
| Hotel Costs if applicable: Click here to enter text. | Meal Costs if applicable: Click here to enter text. |
| Total Expense: Click here to enter text. |  |

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| Name and position of staff requesting to attend: [If requesting as a group, complete as group and submit one for with multiple registration forms] | Sub Needed: Check Yes or No |

|  |  |
| --- | --- |
| Click here to enter text. |  [ ]  Yes [ ]  No  |
| Click here to enter text. |  [ ]  Yes [ ]  No |
| Click here to enter text. |  [ ]  Yes [ ]  No |
| Click here to enter text. |  [ ]  Yes [ ]  No |

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| **Please answer the following questions*, in detail*, and attach the form/flier for the professional development that describes the learning and venue.** |
| 1. Does this work support classroom instruction, PLC work and student growth? |
| Click here to enter text. |
| 2. How will this professional development activity build your capacity to service students with disabilities? |
| Click here to enter text. |
| 3. How does this professional development activity relate to current district initiatives and mission? |
| Click here to enter text. |
| 4. How and when will you implement what you have you learned? |
| Click here to enter text. |
| 5. Please describe how you will share what you have learned with other professionals in the district? |
| Click here to enter text.  |