Professional Development Request Form

Name of Program: _____

Contact Name: _____

Contact Phone: (Primary) _____ (Mobile/Cell) _____

Workshop Request

☐ Program is requesting a specific workshop topic. Describe here. _____

For example: STEM, Literacy, Math, etc.

☐ Program wants more information on what workshops are available.

Participants

How many will attend the presentation? _____

Who will attend? Check all that apply:

☐ Classroom Teachers: For which age groups?
   ☐ Infants ☐ Toddlers ☐ Preschool ☐ Kindergarten ☐ Other

☐ Classroom Aides or Assistants

☐ Educational Coordinators/Coaches

☐ Administrators

☐ Other Personnel

> **Tell Us More**
> ☐ NAEYC Accredited
> ☐ Enrolled in QRIS (e.g. Keystone Stars, Grow NJ Kids, etc.)
> ☐ Use Environment Rating Scales
> ☐ Use Classroom Assessment Scoring System (CLASS)
> ☐ If you use a specific curriculum, please name: _____

Date and Location

Requested Date: _____

Include day of the week and date

Requested Times: _____

Include start and end time, for example 1:00 p.m. – 3:00 p.m.

Name of Facility/School: _____

Street Address: _____

Parking information: _____

Training Site

Please describe space where training will take place and check all that apply _____:

☐ Tables and chairs – will attendees be seated at round tables or classroom style tables? _____

☐ Tables available for displaying workshop materials

☐ Laptop and projector

☐ Smartboard for PowerPoint Presentation.

☐ Microphone (Depending on size of group, this is a requirement)

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Professional Development needs!

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