

Request to Facilitate Professional Development
Spartanburg School District 7

Name of Facilitator: _____ School: _____

Name of Co-Facilitator(s): _____

Title of PD: _____

Description of PD:

Targeted Audience: _____ School Only _____ District Wide _____

Register By Date: _____ Maximum # Participants: _____

Date(s) of PD: _____ Time(s) _____

Building: _____ Room Number: _____

Signature of Facilitator: _____ Date: _____

Signature of Principal: _____ Date: _____

Participant Credit Hours: _____ Facilitator Credit Hours: _____

District Approved by: _____ Date: _____

Instructions for Requesting and Facilitating Professional Development Training:

- 1. Complete request form. All fields are required.**
 - 2. Print and get signature of your school's Principal and Facilitator signature is required.**
 - 3. Facilitator will send to Carey Arnold in the Instruction Department at the District Office.**
 - 4. Dr. Pruitt will approve, and Carey will return the form to the principal.**
 - 5. If PD is District Wide, Carey Arnold will enter information into PDExpress.**
 - 6. If PD is specific to your school only your TIS will enter information into PDExpress.**
 - 7. Before PD begins please make sure that all participants have registered in PDExpress.**
 - 8. Please have participants sign-in each time you meet.**
 - 9. When PD concludes, please check off in PDExpress who attended so that proper credit can be awarded.**
- If you have questions, contact Carey Arnold, clarnold@spart7.org.**