

Illinois Center for
SPECIALIZED PROFESSIONAL SUPPORT

Illinois State University, College of Education
Excellence in Professional Development

705 East Lincoln Street, Suite 313
 Normal, IL 61761

REQUEST FOR PROFESSIONAL DEVELOPMENT

In order to assist ICSPS in providing professional development that is consistent with your objectives and that meets the needs of your audience, please complete the following information:

Date of Presentation:	Location of Presentation (complete address):
Person making request:	Contact information: Phone: _____ Fax: _____ Email: _____ Address: _____ _____ _____
Title of Presentation:	Audience: Check all that apply: <input type="checkbox"/> Teachers <input type="checkbox"/> Administrators <input type="checkbox"/> Career Deans <input type="checkbox"/> Special Populations Coordinators <input type="checkbox"/> Tech Prep Coordinators <input type="checkbox"/> Adult Education Directors <input type="checkbox"/> Counselors <input type="checkbox"/> Nurses <input type="checkbox"/> EFE system directors <input type="checkbox"/> Other (specify:
Ages served by audience: <input type="checkbox"/> Elementary <input type="checkbox"/> Middle School <input type="checkbox"/> Secondary <input type="checkbox"/> Post-secondary	Who will make the arrangements for CPDUs?

<p>What are your learning objectives of this presentation?</p>	<p>Briefly describe the content that you would like to be presented.</p>
<p>Can you reimburse travel and lodging expenses, if requested?</p>	
<p>How many attendees do you anticipate?</p>	<p>Are you able to supply copies of the materials and handouts for the presentation material? If so, when would you like to have the material for reproduction?</p>
<p>Date of this request:</p>	<p>Response requested by:</p>
<p>Additional Information:</p>	