



**Wayne County Schools
Professional Development Request Form**

Participant's Name: _____

Participant's Email: _____

Participant's WVEIS #: _____

Participant's School: _____

Participant's Job Title: _____

Title of PD Training: _____

PD Training Hours: _____

Dates and Times of Training: _____

Location of Training: _____

Presenter's Names: _____

Training Description:

Are you receiving college credit for this PD Training? _____

Are you being paid a stipend for this PD Training? _____

Are you receiving regular work day pay for this PD Training? _____

Is This PD Training taking place during the regular work day? _____

Check all that apply to this class:

- Multi-cultural
- Common Core
- Assessment
- Technology
- Instructional Strategies
- School Improvement
- Classroom Management
- Required Training for Service Personnel
- Required Training for Professional Personnel

Check one that applies to your qualifications:

- Professional Personnel Class
- Service Personnel Class

Check one that applies to location:

- County Class
- State Class
- Out of State Class
- Webinar
- Other

Entity Providing Professional Development: _____

Funding Source if Applicable: _____

Participant's Signature: _____

School Building Principal Approval Signature: _____

County Programmatic Director Approval Signature: _____

**Please submit all forms to the Wayne County Board of Education
via standard mail, email, or fax to**

Attention: _____

**PO Box 70
212 North Court Street
Wayne, WV 25570**