

---

---

# MASSACHUSETTS DEPARTMENT OF EDUCATION

## Request for Comprehensive System of Personnel Development (CSPD) Training

### District/Agency Information

District/Agency:

Contact Person:

Role:

Address:

Telephone Number:

Fax Number:

E-mail Address:

### Presentation Information

Module Being Requested:

Possible Date: 1<sup>st</sup> choice

Start / End Time:

Possible Date: 2<sup>nd</sup> choice

Start / End Time:

### Justification of Request

1. List district(s)/agency(ies) that will participate in training.

2. Describe how the requested training will augment ongoing professional development activities. (Attach additional sheets if necessary.)

3. Is this request being made as part of a Corrective Action Plan (CAP)?

No  Yes If yes, list special education criterion number(s) to be addressed.

4. Describe target audience by checking all that apply and by indicating probable numbers of participants.

θ General Educators: # \_\_\_\_\_

θ General Education Administrators: # \_\_\_\_\_

θ Special Educators: # \_\_\_\_\_

θ Special Education Administrators: # \_\_\_\_\_

θ Related Service Providers: # \_\_\_\_\_

θ Paraprofessionals: # \_\_\_\_\_

θ Other: # \_\_\_\_\_ Describe: \_\_\_\_\_

### Authorized by Special Education Director / Agency Representative

Name:

Role:

Signature

Date