## MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION

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|  Request for Comprehensive System of Personnel Development (CSPD) Training*Please Note: Submission of this request is not a guarantee of training.* |
| District/Agency Information**District/Agency:** **Contact Person: Role:****Address:****Telephone Number: Fax Number:** **E-mail Address:** |
| Presentation Information**Module Being Requested:** |
| **Possible Date: 1st choice** | **Start / End Time:** | **Possible Date: 2nd choice** | **Start / End Time:** |
|  |  |  |  |
| Justification of Request1. **List district(s)/agency(ies) that will participate in training.**
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| 1. **Describe how the requested training will augment ongoing professional development activities. (Attach additional sheets if necessary.)**
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| 1. **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.** |
| 1. **Describe target audience by checking all that apply and by indicating probable numbers of participants.**

**General Educators: #\_\_\_\_\_\_\_\_\_\_ General Education Administrators: #\_\_\_\_\_\_\_\_\_\_** **Special Educators: #\_\_\_\_\_\_\_\_\_\_ Special Education Administrators: #\_\_\_\_\_\_\_\_\_\_** **Related Service Providers: #\_\_\_\_\_\_\_\_\_\_ Paraprofessionals: #\_\_\_\_\_\_\_\_\_\_****Other: #\_\_\_\_\_\_\_\_\_\_ Describe:** |
| Authorized by Special Education Director / Agency Representative**Name: Role:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Signature Date** |