

West Virginia Department of Education
Professional Development Session Registration

Complete all sections. Return completed form to your supervisor for approval.

Section 1: Participant Information

First Name	Last Name	Middle Initial
_____	_____	_____
Job Title / Position	Department	
_____	_____	
School / Work Location	County	
_____	_____	
Email Address	Phone Number	
_____	_____	

Section 2: Session Information

Session / Course Title			

Session Date	Start Time	End Time	Location / Room
_____	_____	_____	_____
Presenter / Facilitator Name		CEU Credits (if applicable)	
_____		_____	

Section 3: Attendance Type

Select one:

☐ In-Person ☐ Virtual / Online ☐ Hybrid (In-Person + Virtual)

Section 4: Relevant Content Areas

Select all that apply:

☐ Literacy / ELA ☐ Mathematics ☐ Science
☐ Social Studies ☐ Special Education ☐ Technology / STEM
☐ Early Childhood ☐ Leadership / Admin ☐ Other: _____

Section 5: Experience Level

Select one:

☐ Beginner (0–2 yrs) ☐ Intermediate (3–5 yrs) ☐ Advanced (6+ yrs) ☐ Trainer / Facilitator

Section 6: Additional Information

Comments or accessibility accommodation requests:

Section 7: Supervisor Authorization

Approval Status:

☐ Approved ☐ Denied ☐ Pending Review

Supervisor Name

Title

Supervisor Signature

Date

Comments (optional)

Return completed form to the Professional Development Office or submit via your county's designated process.