

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

Section / Course Title _____

Session Date _____ Start Time _____ End Time _____ Location / Room _____

Presenter / Facilitator Name _____ CEU Credits _____

Section 3: Attendance Type

Select one:

☐ In-Person ☐ Virtual / Remote ☐ Hybrid

Section 4: Relevant Content Areas

Select all that apply:

- ☐ Curriculum & Instruction ☐ Special Education ☐ Technology Integration
☐ Assessment & Data ☐ Leadership & Administration ☐ Student Support Services
☐ Title Programs ☐ Early Childhood Education ☐ Other: _____

Section 5: Experience Level

Select one:

☐ Beginner ☐ Intermediate ☐ Advanced ☐ Not Applicable

Section 6: Additional Information

Comments or accessibility accommodation requests:

Section 7: Supervisor Authorization

Approval Status:

☐ Approved ☐ Not Approved

Supervisor Name (Print)	Supervisor Signature	Date
-------------------------	----------------------	------

Date Submitted	Office Use Only (Registration Confirmed By)
----------------	---

Return completed form to the Professional Development Office or submit via your department workflow.