



Professional Development Support Request Form

Checkout the NCAE Professional Development Catalog at <http://www.ncae.org/cms/Professional+Development/46.html>

Name _____

E-mail _____

(Please be sure to include your server, i.e. Elic.Senter@ncae.org.)

Contact Phone (_____) _____ Date _____

- *To request an NCAE sponsored workshop for your school, work site, school system/LEA, please complete **Part A** of this form..*
- *NCAE Leaders requesting an NCAE workshop for your local, district or cluster, please complete **Part B** of this form.*

Part A – School Based Professional Development – stipend will depend on travel and materials needs

School/System/Worksite _____

Address _____
(Please be sure to include city, state and ZIP.)

Location of Workshop _____

Address _____
(Please be sure to include city, state and ZIP.)

Workshop Requested _____

Date(s) Requested _____
(Please provide all possible dates and time for workshops.)

Will there be LCD/laptop setup available? _____

Participants: _____ Certified _____ ESP _____ Administrators **There must be at least 25 participants**

Part B – Local/District/Cluster Professional Development

There must be at least 25 participants for staff other than your Local UD to facilitate session.

Local/District/Cluster _____

Address _____
(Please be sure to include city, state and ZIP.)

Location of Workshop _____

Address _____
(Please be sure to include city, state and ZIP.)

Workshop Requested _____

Date(s) Requested _____ Will there be LCD/laptop setup available? _____
(Please provide all possible dates for workshops.)

Participants: _____ Certified _____ ESP _____ Administrators **There must be at least 25 participants**

Please send this request to the NCAE Center for Teaching and Learning, Attn: Professional Development Requests, PO Box 27347, Raleigh, NC 27601 or fax 919 829-1626 or email Cathy.Barnes@ncae.org