



Request for Awarding Continuing Education Units

Date: _____

Person Making Request: _____

Title: _____ School: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Title of Program/Course: _____

Date of Program/Course: _____ Time: _____

Type of Program/Course: _____ Training _____ Workshop

_____ Other: _____

Educational Objective(s): _____

Presenter: _____

Anticipated # of Participants: _____ Length of Time: _____

Evaluation Process: _____ CMSD evaluation form completed after each session

Participant Description (mark all that apply):

_____ Certified teachers _____ Paraprofessionals _____ Administrators _____ other

Approved: _____ Professional Development Coordinator

Date: _____ # of CEUs Approved: _____