

WESLACO INDEPENDENT SCHOOL DISTRICT

DR. PRISCILLA CANALES, SUPERINTENDENT OF SCHOOLS



DEPARTMENT OF PROFESSIONAL LEARNING

District Professional Learning Training Request			
Course Title:			
Presenter/Organization:			
Date(s) of Training:	Time - Begin/End:	Total # of Participants:	
Department/Campus:	Location:		
Substitutes needed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Contact Person /Facilitator:	
Audience:			
Training Fee:	Funding Account:		
CPE Credit Hours:	*GT Credit Hours (Requires Administrator Approval):		
*Bilingual Hours (Requires Administrator Approval):			
Training Description:			
How will the training impact student achievement? (Include SAIP or CIP)			
How will you evaluate and provide follow up on this training?			
Principal/Director Signature:		Date:	
Funding Source Signature:		Date:	
Professional Learning Director Approval (only if PLC is used):		Date:	
District Supervisor Signature: (confirms that the dept. has planned and met about the training)		Date:	

Handwritten Requests WILL NOT be accepted.
For questions please contact the Professional Learning Department