

# TCSE TRAINING REQUEST/CHECKLIST

Date: \_\_\_\_\_ Person/District Requesting Training: \_\_\_\_\_

Training Title: \_\_\_\_\_

Presenters(assigned): \_\_\_\_\_

Grade Level/Audience for which the training is appropriate: \_\_\_\_\_

Brief Description of Training : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Requested Training Date: \_\_\_\_\_ Requested Location: \_\_\_\_\_

Session Length:  AM only 8:30-11:30 (3.0)     PM only 12:30-3:30 (3.0)

FULL DAY 8:30am-3:30pm(6.0) 1 hr lunch break

**Accommodations needed for presentation - Please check all that apply:**

Computer    Television    Screen    DVD    Extension Cord    Projector    Computer Lab    Speakers

Projector    Internet Access    Podium    Presenter Table    Drinks    Snacks(full day session)

Other (explain) \_\_\_\_\_

**\*Forward to Laurel Harris, Staff Development Coordinator**

618-684-2109 Fax 618-687-1638

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**Completed by Staff Development Coordinator: Date Received/Completed** \_\_\_\_\_

Location: \_\_\_\_\_ Reservation Confirmed(P.O.)

Presenters Scheduled/Assigned \_\_\_\_\_

Handouts Copied/Posted  CPDU Forms w/ Sign-In Sheet  to: \_\_\_\_\_

Accommodations Arranged/Assignments:

Tech Equipment

Facilities(open/close)

Drinks/Snacks

Registration Form

Shared w/:  Tammy  Website  Districts  Principals  Super  PC/TAS  Teachers  Psych  SW  otptslp