



**Audience (check all that apply):**

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|--|---|
| <input type="checkbox"/> PK – 2 <sup>nd</sup> Grade              | <input type="checkbox"/> 3 <sup>rd</sup> – 5 <sup>th</sup> Grade  |
| <input type="checkbox"/> 6 <sup>th</sup> – 8 <sup>th</sup> Grade | <input type="checkbox"/> 9 <sup>th</sup> – 12 <sup>th</sup> Grade |
| <input type="checkbox"/> Paraprofessional                        | <input type="checkbox"/> Administrator                            |
| <input type="checkbox"/> Time Equivalency                        | <input type="checkbox"/> EL/Bilingual                             |
| <input type="checkbox"/> Gift & Talented                         | <input type="checkbox"/> Special Education                        |

**Campus/Departments allowed to register:**  District-Wide

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**STEP 1:** Secure supervisor approval at least seven (7) days prior to the training session(s). The employee must submit this form AND all information about the workshop to the supervisor when requesting approval.

**STEP 2:** Once request has been approved, submit copy of this form to Rose Garcia ([rosagarcia@wisd.us](mailto:rosagarcia@wisd.us)) in Staff Development.

**STEP 3:** Upon completion of the training, submit agenda and sign-in sheets to Rose Garcia ([rosagarcia@wisd.us](mailto:rosagarcia@wisd.us)) in Staff Development. The presenters is responsible for verifying session attendance.

**STEP 4:** If make-up session(s) are necessary, please repeat steps 2 – 4 to attain credit.

\_\_\_\_\_  
**Signature of Presenter**

\_\_\_\_\_  
**Date**

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**For Supervisor Use ONLY**

\_\_\_\_\_ **APPROVED (Session meets ALL TE Guidelines)**

\_\_\_\_\_ **NOT APPROVED (Session does NOT MEET ALL TE Guidelines)**

\_\_\_\_\_  
**Signature of Supervisor**

\_\_\_\_\_  
**Date**

**NOTE: TE hours will be forfeited if the TE Guidelines are not followed.**