



Weslaco Independent School District

Professional Development Training Request Form

Rose Garcia, Administrative Assistant
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Dr. Richard Rivera
Superintendent of Schools

Course Title:							
Presenter:							
Date:		Start Time:		End Time:		CPE Credit:	
District Department/Campus		Location:			Total Participants:		
Audience:					Training Facilitator:		
Training Fee:					Funding Account #		

Credit Requiring Approval (indicate credit hours & dept administrator initial)

G/T:	Initials:	Bilingual:	Initials:	
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Training Description: (Include any prerequisites and/or materials needed by participants)

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For Instructional Trainings

How will the training impact student achievement? (Include DIP or CIP)
How will you evaluate and provide follow up on this training for sustainability?

Required Signatures

Coordinator/Director/Admin: (Requesting Training)		Date:	
District Supervisor Signature: (Confirms that the dept. has planned and met with supervisor on the training)		Date:	
Funding Source Signature: (confirms that the funds are available)		Date:	