



PROFESSIONAL LEARNING REQUEST

****Please complete referral and forward via email to District Services or fax to (708)481-5713****

Date of Referral:	District:	School:
Referral Person:	Position:	Phone:
Professional Development Contact Person: <hr/> Telephone: <hr/> Email Address: <hr/> School Address: <hr/> Date Needed: <hr/> Audience for Professional Learning: (i.e., teachers, paraprofessionals, etc.) <hr/> Number of Participants: _____ District Representative Signature: <hr/>		<p style="text-align: center;"><u>Area of Professional Learning</u></p> <p>Working with Vision or DHH needs in the classroom</p> <p>Curriculum & Instruction (i.e., Differentiation, Student, Engagement, Cooperative Groups, Centers, etc.) Please specify: _____</p> <p>Assistive Technology</p> <p>Occupational/Physical Therapy Classroom Adaptations</p> <p>Mental Health Topics: _____</p> <p>Behavior Management</p> <p>Special Education Topics (i.e., IEP, Developing Goals, Progress Monitoring, Case Manager Responsibilities)</p> <p>De-Escalation Training</p> <p style="padding-left: 40px;">Devereux</p> <p style="padding-left: 40px;">CPI</p> <p style="padding-left: 40px;">Other: _____</p> <p>Other: _____</p>

Brief Summary of Purpose of Referral:

For SPEED office use only: