## Carson City School District Professional Development Scheduling and Room Request Form

All District Wide and Site Level professional development and all Comprehensive Meetings require this form to be completed and emailed to pd@carson.k12.nv.us

Name of Training: Date(s) of Training:  Location: Person in charge:  Subs Needed: Teacher Content		Hours	oday's Date: to Start End Room: ontact #:	PD Calendar Race to the Top My Learning Plan
Equipment: SMARTboardWhiteboardElmoOverhead ProjectorTV/VCR/DVD PlayerPower stripsLaptops, how many?Video Conferencing System (room #4 only) All rooms at PDC have a SMARTboard and Projector Checking equipment operation PRIOR to actual meeting is a MUST!  USERS MUST:  * Rearrange room as found				
My Learning Plan:  Complete the following  Max Participants: Instru  Purpose of Training:  Purposes: University Credit	Profe Distri Life-L  Jnits School  ning Imp growth Encode	eds to go on ssional Growth ct Requirement ong Learning ol (site) Training prove teacher e ourage life-long	MyLearningPlan; if  Credits t  How Many Cre  ffectiveness learning	not, stop here.  dits?  Date: