

# Bedford County Department of Education

## In-service Request Form

This form is for participation in professional development **NOT** provided by Bedford County Schools.

Name \_\_\_\_\_ School \_\_\_\_\_ Subj/Grd taught \_\_\_\_\_

Date of In-service \_\_\_\_\_ Title of In-service \_\_\_\_\_

Presenter \_\_\_\_\_ Location \_\_\_\_\_

This request must meet one of the criteria listed below. Please check which system-essential category to which this request applies:

- |   |  |
|---|--|
| _____ Technology Integration in the Classroom | _____ Classroom Management                   |
| _____ School Law                              | _____ Subject Matter or Departmental Related |
| _____ Curriculum Development                  | _____ Teaching Methods / Strategies          |
| _____ Special Education                       | _____ Title I                                |
| _____ ESL                                     |  |
| _____ Other (Explain)                         |  |

Teacher signature \_\_\_\_\_ Date \_\_\_\_\_

Principal or Supervisor signature \_\_\_\_\_ Date \_\_\_\_\_  
If Supervisor requested your attendance.

PD Supervisor signature \_\_\_\_\_ Date \_\_\_\_\_

You will receive an email of approval confirmation.

Upon completion of in-service, documentation clearly marked with your name and school must be submitted to Professional Development before hours will be awarded.

Number of hours requested \_\_\_\_\_

Number of hours awarded \_\_\_\_\_

Are these hours for recertification? \_\_\_\_\_ If so, a file will be set up to keep your documentation.