

# Bedford County Department of Education

## In-service Request Form

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

**This form MUST be submitted two weeks prior to attendance at the event.**

Name \_\_\_\_\_ School \_\_\_\_\_

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.