Gadsden County School Board

PROFESSIONAL DEVELOPMENT AUTHORIZATION Section A – PERSON REQUESTING TRAINING Position: Today's Date: Office Phone Number: Name: Worksite: **Section B - TRAINING** Training Time: Training Date: _____ Training Location:_____ Name of Training: Training Audience: Consultant/Facilitator Contact Information: Telephone Number: _____ Email Address: ____ Section C – ROOM REQUEST FOR MAX D. WALKER BUILDING Curriculum Library Board Room ☐ Media & Technology Center Section D – TECHNOLOGY REQUIREMENTS EQUIPMENT: Computer Number Needed Laptops Number Needed Screen Speakers ☐ Whiteboard Projector Web Address/URL Section E – APPROVALS Date: _____ Director of Personnel & Staff Development _____ Signature Approved Denied Date: ____ Director of K-12 Education Signature Approved Denied Date: ____ Superintendent of Schools Signature Approved Denied