



HIAWATHA VALLEY EDUCATION DISTRICT

MEMBER DISTRICT STAFF DEVELOPMENT REQUEST FORM

Return to: Leslie Johns, Office Professional
Hiawatha Valley Education District
1410 Bundy Boulevard
Winona, MN 55987
ljohns@hved.org

Administrator Submitting Request: Position:

District: Email:

Phone #:

Course/Workshop Information

Write a concise and informative paragraph or outline of the workshop. Attach any other pertinent information. Be specific about the need. Do not request a specific person.

Indicate if this request aligns with education standards or licensure requirements. Yes No

If so, which one(s)?

Schedule

Proposed Site: # of Hours of Requested Workshop:

Preferred Date/Time: CEU's: Yes No If Yes, # of Hrs:

Participants

Expected # of Participants:

Supplies/Equipment

Are materials required or need to be ordered prior to the workshop: Yes No

Materials needed:

Who will order materials?

.....
FOR OFFICE USE ONLY:

_____ Date Approved by HVED Directors' Cabinet
_____ Date Facilitator Notified
_____ Date District Notified
_____ Date Entered on CSPD Calendar

Assigned Facilitator: _____

Executive Director's Signature: _____