

Completed by:

**REQUEST FOR PROFESSIONAL DEVELOPMENT SUPPORT**

District:	Contact Person:
Building:	Phone Contact:
Requested Date of Service:	Email:
Audience:	Time:
<b>District/Bldg. Admin. Approval:</b>	Location:

**LEVEL(S) OF SUPPORT**

<input type="checkbox"/> TEACHER/CLASSROOM-BASED	<input type="checkbox"/> DISTRICT LEVEL
<input type="checkbox"/> BUILDING LEVEL	<input type="checkbox"/> MULTI-DISTRICT

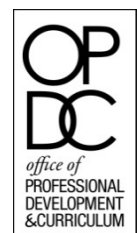
**CONTENT AREA(S)**

<input type="checkbox"/> READING <input type="checkbox"/> MATH <input type="checkbox"/> SCIENCE <input type="checkbox"/> BEHAVIOR/SOCIAL <input type="checkbox"/> SECONDARY TRANSITION <input type="checkbox"/> AUTISM <input type="checkbox"/> INSTRUCTIONAL TECHNOLOGY <input type="checkbox"/> OTHER (Please explain →)	<input type="checkbox"/> RESPONSE TO INSTRUCTION & INTERVENTION/MTSS <input type="checkbox"/> SCHOOL IMPROVEMENT <input type="checkbox"/> ASSESSMENT <input type="checkbox"/> CURRICULUM DESIGN <input type="checkbox"/> DATA TOOLS/ANALYSIS <input type="checkbox"/> IDEA, CHAP. 14, LRE <input type="checkbox"/> ASSISTIVE TECHNOLOGY * <small>*Must be accompanied by an 'Assistive Technology Request' Form PDC002</small>
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BRIEF DESCRIPTION OF REQUEST:

Please return form to Mary Ann Reardon, BCIU OPD&C  
 1111 Commons Blvd., P.O. Box 16050, Reading, PA 19612

Phone: 610-987-8532  
 Fax: 610-987-8400  
 Email: [marrea@berksiu.org](mailto:marrea@berksiu.org)



For BCIU Use

Received \_\_\_\_\_  
 Logged \_\_\_\_\_  
 Assigned \_\_\_\_\_

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