



**Alabama State Department of Education
Office of Student Learning
Professional Support Request Form**



LEA: _____ Name/Position: _____
Region: _____ Date of Submission: _____

Area(s) of professional support request form:

AMSTI

- ☐ Mathematics
- ☐ Science
- ☐ Technology
- ☐ Computer Science
- ☐ Professional Learning (please indicate specific request)

☐ Other: _____

Federal Programs

- ☐ eGAP
- ☐ 21st Century
- ☐ Title Program(s)
- ☐ Homeless Education
- ☐ Foster Care
- ☐ Fiscal/Financial
- ☐ Needs Assessment
- ☐ Neglected/Delinquent (N&D)
- ☐ Professional Learning (please indicate specific request)

☐ Other: _____

Alabama Reading Initiative (ARI)

- ☐ Summer Learning Programs
- ☐ English Language Instruction/ Support
- ☐ E3LC/Coaching Community Information
- ☐ Dyslexia Support
- ☐ Professional Learning (please indicate specific request)

☐ Other: _____

Instructional Services

- ☐ Academic Waivers
- ☐ Administrative Code of Alabama
- ☐ Student/Record Transcripts
- ☐ Non-Traditional High School Diploma Option
- ☐ Response-to-Instruction/ Multi-Tiered System of Support
- ☐ Library Media
- ☐ SREB Readiness Courses
- ☐ Instructional/Resources
- ☐ Future Success/Talent Development (including Dual Enrollment, AP, IB, etc.)
- ☐ Pathways/Scheduling
- ☐ Professional Learning (please indicate specific request)

☐ Other: _____

Special Education Services

- | | |
|--|---|
| <input type="checkbox"/> Individualized Education Program (IEP) | <input type="checkbox"/> Assistive Technology |
| <input type="checkbox"/> Eligibility | <input type="checkbox"/> Standard Pathways |
| <input type="checkbox"/> Transition | <input type="checkbox"/> Special Education Indicator(s) Number(s) |
| <input type="checkbox"/> Preschool | <input type="checkbox"/> Professional Learning (please indicate specific request) |
| <input type="checkbox"/> Co-teaching | |
| <input type="checkbox"/> Student Achievement | |
| <input type="checkbox"/> Behavior | |
| <input type="checkbox"/> Least Restrictive Environment (LRE) | |
| <input type="checkbox"/> Family Engagement | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Fiscal/Financial | |
| <input type="checkbox"/> Administrator Training | |
| <input type="checkbox"/> Data Analysis (Disproportionality, Child Count) | |
| <input type="checkbox"/> Policies/Procedures | |

Statement of Specific Professional Support Need(s):

1. What data or other issue prompted this request?
2. What previous training (within the last 2 years) has been provided and how has that training been implemented?
3. What specific goals should be accomplished as a result of the professional support(s)?

Additional Comments:

Suggestions for Proposed Professional Support(s):

1. What is the projected timeline?
2. Who is the targeted audience for the professional support(s)?
3. What is the preferred delivery for the professional support(s)?

Additional Comments:**Instructions for Submission of this Request:**

Please email the completed request and any supporting documentation to the appropriate ALSDE section. In the case of an emergency request for professional support, please contact your Regional Specialist immediately to discuss the issue.

This request for professional support has been submitted by:_____
Signature, Title_____
Date***For ALSDE use only:***

Date Received: _____ Date of PS Team Meeting _____

Type of PS to be Provided: _____

Date(s) of PS: _____

Location of PS: _____

Name of Person(s) to Provide PS: _____