Learner's Branch

773-858-5049 | learnersbranch@gmail.com

PROFESSIONAL DEVELOPMENT INQUIRY FORM

Supporting Students with Disabilities

Type in the fields and select all requested supports. Scope, dates, and fees require confirmation.

District and contact information

School district

School(s) / location(s)

District contact name and title

District contact email and phone

Participants and grade levels

Total staff attending

Number of groups / sessions requested

Staff roles (check all that apply):

- ☐ General education teachers
- ☐ Special education teachers
- ☐ Paraprofessionals
- ☐ Related service providers
- ☐ Administrators
- ☐ Other staff roles

Other staff roles (specify)

Grade levels requiring support (check all that apply):

- ☐ Early childhood / Pre-K
- ☐ K-2
- ☐ 3-5
- ☐ 6-8
- ☐ 9-12
- ☐ Other grades
- ☐ Postsecondary transition (ages 18-22)

Other grade levels (specify)

Requested professional development supports

- ☐ Inclusive classroom practices
- ☐ Differentiated instruction
- ☐ Co-teaching / collaborative planning
- ☐ IEP implementation
- ☐ Accommodations and modifications
- ☐ Academic interventions: reading / writing
- ☐ Executive functioning and organization
- ☐ Social-emotional and regulation supports
- ☐ Progress monitoring and data use
- ☐ Family collaboration
- ☐ Universal Design for Learning (UDL)
- ☐ Specially designed instruction (SDI)
- ☐ Paraprofessional roles and support
- ☐ Section 504 plan implementation
- ☐ Accessible materials / assistive technology
- ☐ Academic interventions: mathematics
- ☐ Positive behavior supports
- ☐ Communication and autism supports
- ☐ Transition and independent living skills
- ☐ Other (describe on page 2)

IEP = Individualized Education Program. Identify priorities in the narrative on page 2.

Keep a blank master. Save a separate completed copy for each request.

Learner's Branch

773-858-5049 | learnersbranch@gmail.com

PROFESSIONAL DEVELOPMENT INQUIRY FORM

Supporting Students with Disabilities

Scheduling and delivery

Preferred date(s)

Alternate date(s)

Start time / end time

Time zone

Session length / number of sessions

Location / virtual platform

Delivery: ☐ In person ☐ Virtual ☐ Hybrid

Support format: ☐ Workshop ☐ Coaching ☐ Consultation

☐ Classroom observation and feedback ☐ Follow-up support ☐ Other

Narrative request and desired outcomes

Describe priority needs, current challenges, and requested customization.

Do not include student names or identifying information.

Narrative request (include other requested supports or formats)

What should staff know or be able to do? How will success be demonstrated?

Accommodations and access needs

☐ None requested ☐ Captioning ☐ Interpretation / sign language

☐ Accessible digital materials ☐ Physical access ☐ Other / to be discussed

Describe accommodations, languages, accessible formats, or participation needs

Authorized district representative / title

Typed signature / date

Billing contact / email

Keep a blank master. Save a separate completed copy for each request.