# The Commonwealth of Massachusetts
# Department of Education

## Request for Professional Development:
## *What's Different about Teaching Reading to ELLs?*

_____ requests that *What's*
*(Name of district/charter school/collaborative)*
*Different about Teaching Reading to ELLs?* be provided as part of its SEI professional development plan. District staff have analyzed our SEI professional development needs, prioritized them, and determined that the requested professional development will meet local objectives. (*Please write the number of reading specialists and/or reading teachers you are requesting to send to each session below:)*

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|---|---|---|
| **_____ Summer** | **July 13 & 14, 2005** | **Follow-up Session September 28** |
| **_____ Fall** | **October 6 & 7, 2005** | **Follow-up Session December 12** |
| **_____ Spring** | **April 3 & 4, 2005** | **Follow-up Session May 10, 2006** |

The DOE agrees to pay for the training requested. The district agrees to carefully select the targeted participants for this professional development activity, and make every reasonable effort to assure their attendance. The district also agrees to:

- Send only targeted participants for this particular training**, reading teachers and reading specialists at the elementary level.**
- Commit to releasing said teachers for their respective training session dates. For this training that would be no more than three (3) days during the school year per teacher.
- Send a list of registrants to the DOE by **Thursday, June 9, 2005**. This list should include each participant's name, district, school, position (Grade and Content Area Taught), and e-mail address.

Any payment of travel expenses or stipends will be the responsibility of the participants' employer. Participants themselves will bear the expense of any optional credit for which they wish to register.

*By agreeing to participate in this training, we acknowledge that the funding appropriated to support this professional development initiative during the 2005-06 school year is intended to train the teachers of the Commonwealth to work more successfully with Limited English Proficient students, and will do our best to make this happen in an effective manner in our district.*

Superintendent's Signature _____ Date _____

*Please Note: This PD Request Form must be faxed to Dr. Judy Barcelo at 781-338-3318 no later than Friday, May 6, 2005 in order to reserve a training slot for the 2005-06 school year.*