**Attachment A: DWD Adult Education Professional Development (PD) Waiver Request Form**

The Adult Education Professional Qualifications and Development policy (DWD Policy 2015-11) requires that teachers and instructional aides working nine (9) or more hours per week in Adult Education (AE) must complete a minimum of one (1) DWD Adult Education sponsored professional development initiative annually. Teachers and instructional aides may seek exemption to this training requirement if they participate in similar or more extensive professional development within the program year (July 1 – June 30).

Instructions

Complete all fields below and returned form with required signatures to [DWDAdultEdPD@dwd.in.gov](mailto:DWDAdultEdPD@dwd.in.gov). Waiver requests submitted after April 29th of any program year (July 1 – June 30) will not be considered for review. Waivers will be approved or denied in writing via email.

1. Name (First, Last): Click here to enter text.
2. Job Title: Click here to enter text.
3. Adult Education Program: Click here to enter text.
4. Region: Click here to enter text.
5. Email address: Click here to enter text.
6. AE Program Director Name: Click here to enter text.
7. AE Program Director Email: Click here to enter text.
8. Please complete the table below listing any professional development attended during the current program year (July 1 – June 30) which is relevant to your work in your Adult Education program. Where space is limited, please list multiple events or activities in each line.

Note: To be approved, events and activities listed below must, when considered all together, meet the following criteria:

* Be, at minimum, 10 hours in length
* Be extended over time
* Be either job embedded or require participation in a community of practice

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| --- | --- | --- | --- |
| **Title of training, course, conference, etc.:** | **Date(s):** | **Hours:** | **Brief description of event & its relevance to AE:** |
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**For DWD Adult Education Staff Use Only**

Date received: Click here to enter text.

DWD reviewer name: Click here to enter text.

Approved (yes/no): Click here to enter text.