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| William Littlejohn Professional Development Award inSpecial Education: Interest Form | | |
| Last Name | | First Name |
| Local Address | | Home Address |
| Local Phone | Cell | E-mail |
| Year: Freshman 🞐 Sophomore 🞐 Junior 🞐 | | |
| 991# | | Grade Point Average Overall ; Major . |
| Describe your previous and current service experiences, especially those related to education and working with individuals with special educational needs. | | |
| If you were to receive this award, what topics and interests would you pursue through professional development? | | |

**Please submit this completed form to one of the special education faculty by March 1, 2017.**

Date Received:

Special Education Faculty Receiving: