

Pleasant Local Schools

Approval for College Course Work, Workshops, Conferences, and Professional Activities

Name _____ Building _____
(please print or type)

Course/Activity Title _____

Course/Activity offered by _____

Date, time and location of course/activity _____

Number of hours _____ (please specify if the hours are quarter, semester, or contact hours)

Course/Activity Description _____

Indicate how this course/activity supports your **Individual Professional Development Plan (IPDP)** and how it will impact student learning. _____

***PLEASE BE SURE TO SUBMIT PROOF OF COMPLETION (GRADE SHEET, TRANSCRIPT, CERTIFICATE, ETC.) TO THE LPDC COMMITTEE**

Educator's Signature _____ Date _____

LPDC Signature _____ Date _____

_____ Approved _____ Not Approved _____ Returned for Clarification