

Highland Local Schools CEU Professional Development Approval Form

An Approval Form must be submitted for all Professional Development and it is recommended to be submitted *prior to engaging* in Professional Development.

Name:	IPDP Approval Date:
Teaching/Work Assignment:	
Date(s) of Professional Development:	
Location of Professional Development:	
Title of Professional Development: (Specify)	
_____ Contact Hours = _____ CEU's requested	
Select one or more as appropriate. <input type="checkbox"/> Series of workshop sessions <input type="checkbox"/> Conference <input type="checkbox"/> Single workshop <input type="checkbox"/> Independent study/action research <input type="checkbox"/> District leadership role: (Specify) _____ <input type="checkbox"/> Coaching/mentoring other educators <input type="checkbox"/> Other, not listed above: (Specify) _____	Alignment to Ohio PD Standards: Check all that apply: <input type="checkbox"/> structured to occur over time <input type="checkbox"/> guided by data sources <input type="checkbox"/> includes collaboration opportunity <input type="checkbox"/> varied learning experiences <input type="checkbox"/> short-term impact <input type="checkbox"/> long-term impact <input type="checkbox"/> provides for acquisition, enhance- or refinement of skills/knowledge
Approved IPDP Goal(s) applicable to this Professional Development	

Signature of applicant _____ **Date** _____

****Official Transcript will meet all documentation required by LPDC.***

DO NOT MARK BELOW THIS LINE, FOR LPDC USE ONLY.

Revise/Resubmit

Revision Advice:

-OR-

Approved as written

Approval Signature _____ **Date** _____