

**Highland Local Schools  
Coursework 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.

|  |                            |
|--|----------------------------|
| <b>Name:</b>   | <b>IPDP Approval Date:</b> |
| <b>Teaching/Work Assignment:</b>   |                            |
| <b>Date(s) of Professional Development:</b>                              |                            |
| <b>Location of Professional Development:</b>                             |                            |
| <b>Title of Professional Development: (Specify Title of Course)</b>      |                            |
| <b># of Credits: ____</b>  |                            |
| <b>Brief description of Professional Development</b>                     |                            |
| <b>Approved IPDP Goal(s) applicable to this Professional Development</b> |                            |

**Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_**

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

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

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**Revise/Resubmit**

**Revision Advice:**

**-OR-**

**Approved as written**

**Approval Signature \_\_\_\_\_ Date \_\_\_\_\_**