



# Switzerland of Ohio LPDC

## Activity Proposal To be completed prior to PD

| Name | Grade/Position | Building | Date Submitted |
|------|----------------|----------|----------------|
|      |                |          |                |

**Title of PD: Be specific. Include catalog number for college or university course(s)**

**Type of PD: Please check all that are appropriate.**

- |   |   |
|---|---|
| <input type="checkbox"/> College/University coursework        | <input type="checkbox"/> Visitation to observe model instruction    |
| <input type="checkbox"/> Series of ongoing workshops          | <input type="checkbox"/> Mentoring new teachers or teachers in need |
| <input type="checkbox"/> Single workshop                      | <input type="checkbox"/> Professional presentations                 |
| <input type="checkbox"/> National or State Conference         | <input type="checkbox"/> National Board Certification               |
| <input type="checkbox"/> Professional organization activities | <input type="checkbox"/> Professional Committees: FAC, CIP, etc.    |

**Description of PD:**

**Please cite which goals# and standard(s)# from your IPDP you feel this PD will address.**

**Number of contact hours: (CEU's):**

**Semester /Quarter Hours:**

*\*You may not count lunch or breaks. Specific hours will be rewarded pending verification of Activity.*

| Approved | Rejected | LPDC Chairperson Signature | Date |
|----------|----------|----------------------------|------|
|          |          |                            |      |

## Activity Verification

To be completed after PD

Answer the following questions as they relate to this PD experience. **Identify and attach documentation of completion of the PD experience.**

|   |                            |      |
|---|----------------------------|------|
| Evaluate the PD as to its short- and long-term impact. Be as specific as possible.                      |                            |      |
| How did the PD result in the acquisition, enhancement or refinement of skills & knowledge? Be specific. |                            |      |
| Would you recommend this PD to others? Please state why or why not.                                     |                            |      |
| CEUs Awarded  | LPDC Chairperson Signature | Date |
|   |                            |      |



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