

LUTHERAN SCHOOLS OF OHIO
LOCAL PROFESSIONAL DEVELOPMENT COMMITTEE
EARLY CHILDHOOD
INSERVICE FORM

Instructor Name _____

Participant Name _____

Street Address _____

Inservice Date _____

City, State, Zip Code _____

Length of Inservice _____
(number of hours)

Telephone Number _____

Subject (describe content area covered):

Instructor qualifications: Check all that apply.

YES

NO

Has at least two years experience specific to the subject area _____

An associate degree or higher degree _____

Specific course work includes

_____ Child Development

_____ Early Childhood Education

_____ Education

_____ Home Economics

_____ Nursing

_____ Nutrition

_____ Psychology

_____ Dental Hygiene

_____ Social Work

_____ Other (specify) _____

A prekindergarten certificate issued by the State Board of Education of Ohio _____

Child Development Associate _____

Other Professional Titles or Certification (specify) _____

I VERIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS ACCURATE AND COMPLETE.

INSTRUCTOR SIGNATURE _____ **Ohio District Superintendent** _____