

Lutheran Schools of Ohio

Local Professional Development Committee
School Inservice Proposal Form

Name of School _____ City _____

Principal _____ Telephone _____

What is the name or area in which you propose an inservice activity? _____

Briefly describe the goal(s) you want to meet through the inservice activity. _____

Briefly describe the inservice activity you propose to conduct. _____

Identify the inservice provider, giving credentials. _____

Briefly describe the benefits to your teachers and/or school. _____

When will this inservice activity take place? _____

Number of contact hours: _____ Attach schedule of content from the inservice provider

Signature of Principal _____ Date _____

This form is to be submitted to the Regional Chairperson. Appropriate CEU credit for eligible participants will be issued for approved inservice activities upon receipt of Form 9 (or similar list) following the activity.

LPDC USE:

Reviewed by: _____ Date _____

Approved for _____ CEU's

Not Approved

Comments: