

Lutheran Schools of Ohio Approval of Workshop/Conference

EVALUATION

Following completion of the activity submit this form to the Local Professional Development Committee with workshop description and proof of attendance, to receive credit.

Name _____ School _____

Date Completed _____ City _____

Title of Workshop/Conference _____

Workshop/Conference Presenter _____

Number of Contact Hours (program hours scheduled) _____

Date of Activity _____ Time/Location _____

Briefly tell why you selected this Activity _____

Briefly tell how this activity supports your IPDP. _____

Describe the highlights of this activity _____

How did you benefit from this activity? _____

Teacher's Signature _____ Date _____

LPDC USE:

Reviewed by: _____ Date _____

Approved for ___ CEUs

Not Approved