Lutheran Schools of Ohio

Professional Development Activity Proposal Form (see appendix 4)

Submit this form to the LPDC Regional Committee Chairperson at least four weeks prior to beginning the program/activity.

Name _____ School _____

Date Completed _____ City _____

Process: Describe the activity you propose.

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Rationale: How does this activity support your IPDP.

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Benefits: Describe the anticipated benefits to yourself, students, and school as a result of this activity.

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SUBMIT A COPY OF THE DESCRIPTION OF THE ACTIVITY WITH THIS APPLICATION, AND KEEP A COPY IN YOUR OWN FILES.

Teacher's Signature _____ Date _____

STOP HERE AND SUBMIT THIS FORM FOR PREAPPROVAL
(This form will be returned to you for completion of Assessment after activity is complete)

LPDC USE:
Reviewed by: _____ Date_____
☐ Approved for ____ CEU's ☐ Not Approved
Comments:

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EVALUATION

Following completion of the activity submit this form to the Local Professional Development Committee with the following section completed, along with time log, to receive credit.

ASSESSMENT: describe how this activity impacted you, the students, and the school. Include how you assessed the project.

School:

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Students:

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Self:

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Teacher's Signature _____ Date

LPDC USE:

Reviewed by: _____ Date

☐ Approved for ____ CEUs ☐ Not Approved