

**Lutheran Schools of Ohio
School or District Inservice**

Certification of Attendance

School _____ City _____

Inservice Activity _____ Date of Activity _____

This inservice activity has been approved for _____ CEU's. The following teachers were in attendance at this activity. CEU credit is requested for each teacher.

Signature of Principal _____ Date _____

LPDC USE:
Reviewed by: _____ Date _____
 Approved for _____ CEUs
Comments: _____