

**“Other Activity” Continuing Education Unit:
Request for LPDC Approval**

1. Last Name: _____ First Name: _____ M.I.: _____

2.. School Phone: _____ Home Phone: _____

3. If you are seeking locally approved CEU credit by your LPDC, please complete sections a, b, c, d, and e.

a) Attach the workshop program or synopsis indicating the workshop date(s), daily agenda with times, and a description of workshop goals, content, and activities.

Name of Activity: _____

b) Explain how this Activity helps fulfill the goals in your IPDP, and what follow up activities supported the goals from this workshop.

c) Why and/or how has this activity improved your professional skills, the learning of your students, and/or the quality of your school district? How will you share your learning with colleagues?

d) Contact Hrs. requested for this Activity: _____

e) Pre-Approved area of Professional Development: _____
(refer to Professional Development Guidelines Document on LPDC webpage # 1 - 22)

DATE SUBMITTED: _____

Date Reviewed: _____	Contact Hours Granted: _____
Signature of LPDC: _____	