

Scioto County CTC Local Professional Development Committee

REQUEST FOR APPROVAL Continuing Education Unit or College Credit

Last Name _____ First Name _____

School Phone _____ Extension _____ Cell Phone _____

Position _____

SECTION I: CEU CREDIT (complete to request CEU credit) Unit Option _____

Name of meeting/workshop/seminar _____

Provider _____

CEU's requested _____ Clock hours _____ Date(s) _____

Conversion: One activity hour is equal to one tenth [0.1] CEU credit. Ten [10] activity hours are equal to one [1] CEU.

SECTION II: COLLEGE COURSEWORK (complete to request college credit) Unit Option 7

Course description/Title _____ Date _____

Name of college/university _____

- | | | |
|---|---------------------------------|------------------|
| <input type="checkbox"/> Quarter Hours _____ | (1 quarter hour equals 2 CEUs) | Total CEUs _____ |
| <input type="checkbox"/> Semester Hours _____ | (1 semester hour equals 3 CEUs) | Total CEUs _____ |

SECTION III: DOCUMENTATION (Attach at least one (1) document to evidence completion of the PD experience.)

Submitted documentation: (Check all that apply)

- Certificate of attendance
- Time Sheets (teaching – college, post-secondary, summer school, after school classes, basic literacy)
- Agenda with specific dates & times
- Conference program with attended sessions identified
- Transcripts or grade reports
- Related work project: [pre-approval required] evidence must include time log, receipts, and pictures
- Related work experience: [pre-approval required] time log and/or pay receipts
- Educational project: [pre-approval required] evidenced by portfolio, lesson plans, curriculum documents, grants, academic articles, etc.
- Other: [pre-approval required] completion of Section IV

Signature _____ Date _____

DO NOT MARK BELOW THIS LINE. FOR LPDC USE ONLY

LPDC Approval Signature _____

CEU's/College Credit granted per this request _____ Official date this credit is effective _____

SECTION IV: ALIGNMENT TO OHIO PROFESSIONAL DEVELOPMENT STANDARDS

Directions: Answer each question after the LPDC approved professional development activity is completed.

Activity _____ Date Completed _____

Describe how your professional development activity has supported and advanced your leadership capacity as an educator.

List Teaching Standard (s) Number (s)

Describe how your professional development activity has enhanced your knowledge and skills as an educator.

List Teaching Standard (s) Number (s)

Describe the impact your professional development activity will have on student achievement.

List Teaching Standard (s) Number (s)