Ross-Pike County Local Professional Development Committee

Activity Pre-Approval/Verification Form – Group 3 and 4 Activities

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check (√) One: Group 3 Group 4

Beginning Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Estimated Ending Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Estimated # of Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Educator’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Complete box for pre-approval of Group 3 or 4 activities. Write a brief synopsis of the activity you plan to complete. Describe the impact this activity will have on your professional development and how it helps to meet your professional development goals.

LPDC Pre-approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| **Date** | **Hours** | **Description of Activities** |
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|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Total Hours |  |  |

(Complete new form for each activity.)