

# Columbiana Exempted Village School District

## LPDC - Activity Proposal

To be completed prior to professional development

<u>Name</u>	<u>Grade/Position</u>	<u>Building</u>	<u>Date submitted</u>

**Type of PD: Please check all that are appropriate.**

- |   |  |
|---|--|
| <input type="checkbox"/> Visitation to Observe Instruction            | <input type="checkbox"/> Professional Presentation         |
| <input type="checkbox"/> Mentoring New Teachers                       | <input type="checkbox"/> National Board Certification      |
| <input type="checkbox"/> Training, Professional Conference, Workshops | <input type="checkbox"/> Professional Committees           |
| <input type="checkbox"/> National or State Conference                 | <input type="checkbox"/> Other; see Committee for Approval |
| <input type="checkbox"/> Professional Organization Activity           |  |

**Description of PD:**

***Please cite which goals # and standards # from your IPDP you feel this PD will address.***

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Number of contact hours: (CEU's):		Semester/Quarter Hours:	
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***\* You may not count lunch or breaks. Specific hours will be rewarded pending verification.***

<input type="checkbox"/> Approved	
<input type="checkbox"/> Rejected	
LPDC Chairperson Signature: <input type="text"/>	Date: <input type="text"/>

### **Activity Verification**

***To be completed after PD***

***Answer the following questions as they relate to this PD experience.***

**Identify and attach documentation of completion of the PD experience.**

**Evaluate the PD as to its short and long term impact. Be as specific as possible.**

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**How did the PD result in the acquisition, enhancement or refinement of skills & knowledge?**

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CEU's awarded: <input type="text"/>	LPDC Chairperson signature: <input type="text"/>
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**\* Make a copy of this for your files.**