## EAST PALESTINE CITY SCHOOL DISTRICT Local Professional Development Committee

## **LPDC** Webinar Participation Form

Name:		
Webinar Title		
Date & Time		
Associated URL		
Hosting Organization		
Names and Credentials of Presenters		
Webinar Goals & Objectives		
Contact Hours	(Specify actual hours of engagement. Attach documentation if possible.)	
Participant Role	Check all that apply:  Listening to presenters to acquire new information/knowledge.  Interactive dialogue and questions with presenters.  Participate in individual and group activities.	
Summary of Webinar		
How will you apply this professional development to your current assignment?		
*Conversion: One activity hour is equal to one-tenth determine CEU credits based upon dis	(0.1) CEU credit. 10 activity hours are equal to one (1) Crict guidelines	EU. The LPDC will
My signature below attests to my partic	cipation in the WEBINAR described on this document.	
Participant Name (Print)	Signature	Date
Date of Pre-Approval:	LPDC Initials:	
Date of CEU Approval:	LPDC Signature:	
CEU's Approved:		

FORM WEB\_CR Revised 4/11/11