



ST. CLAIRSVILLE-RICHLAND CITY SCHOOLS
Pre-Approval for
Self-Directed Educational Projects

Name: _____ School/Office _____

Home phone: _____ Date submitted _____

Present teaching or Administrative Assignment: _____

Certificate/License up for renewal: _____

Pre-approval of self-directed continuing education unit options will be based on the following criteria:

- The project objective(s) are related to student learning.
- The scope of the plan must be directly relevant to subject area content, instructional practices, and/or the learner.
- The project methods and products demonstrate intellectual quality.
- The project demonstrates a focused, sustained effort.
- The project includes a proposed criteria for assessing the success of the plan's objective(s).

I. CEU value: _____ Proposed number of clock hours: _____ CEU value: _____

II. Describe in detail the professional development project you are proposing.

III. Sponsored by _____ Self _____ Other _____ If other, please specify _____

IV. What is the timeline for this project?

Anticipated Outcomes / Goals

- I. What student learning objectives will this activity help to accomplish?

- II. Are any academic content standard goals addressed through this project? Yes or No? If yes, which ones? Please explain.

- III. What do you hope to learn professionally as a result of this project?

- IV. How will you evaluate or measure whether the above outcomes / goals have been met?

Educator's Signature: _____ Date: _____

☐ Approved

☐ Rejected, Revision Pending

LPDC Signature : _____ Date: _____

- CREDIT WILL BE AWARDED AFTER THE ACTIVITIES VOUCHER IS REMITTED – AT THE TIME OF RENEWAL.