

SAU 18 Professional Development Activity Form

This form must be completed by any staff member seeking professional development credit and submitted to the Local Professional Development Committee (LPDC). ***The individual must submit this form to the LPDC representative in the school for approval and then sent to the Principal or Supervisor.***

Name: _____ Date submitted: _____

Title and Description of the Proposed Activity: _____

Date/Time period of the Activity: _____

Clock hours requested: _____

Activity Number and Title : _____

Method of Verification:

- ☐ Certificate or Verification Form
- ☐ Program/Agenda/Minutes
- ☐ Transcript/Final Grade Report
- ☐ Detailed Log
- ☐ Lesson plan/Final Report/Project
- ☐ Other

- **List Specific Goal this activity seeks to address from Three Year Plan.**
- **How does this activity relate to goals identified in my Individual Professional Development Plan?**

Number of Clock hours: Approved ☐ Denied ☐

Reason for denial: _____

Signature of LPDC Representative: _____

Signature of Principal/Supervisor: _____