

Clyde-Green Springs Local Professional Development Committee
Application for Equivalent Activity

Name \_\_\_\_\_ Date \_\_\_\_\_

Current Assignment \_\_\_\_\_ Building District HS MMS GS SM VS

ALL EQUIVALENT ACTIVITY CONTACT HOURS MUST BE PREAPPROVED!

\_\_\_\_\_ Number of contact hours requested. Please attach workshop/conference brochure or agenda.

DESCRIBE THE ACTIVITY:

Two horizontal lines for describing the activity.

EXPLAIN HOW THIS ACTIVITY RELATES TO YOUR IPDP:

Two horizontal lines for explaining the activity's relation to the IPDP.

I certify that the information provided in this activity proposal is true and accurate to the best of my knowledge.

Signature of Applicant \_\_\_\_\_ Date of Application \_\_\_\_\_

LPDC APPROVAL/VERIFICATION FORM FOR EQUIVALENT ACTIVITY

- Four checkboxes with corresponding text: 'The activity proposal is approved for \_\_\_ contact hour(s) pending proof of completion.', 'The activity proposal is approved with changes indicated by the LPDC for \_\_\_ contact hours pending proof of completion.', 'The activity has merit but is not approved as submitted. Please note the highlighted sections and revise and resubmit your proposal.', 'The proposal as submitted is denied. The purpose, process, and benefits of this activity are unclear.'

Comments:

Signature of LPDC Chairperson/Supervisor \_\_\_\_\_ Date \_\_\_\_\_

After completing the activity, submit verification (certificate of attendance or a log that includes the dates, goals or tasks accomplished, hours spent and an approving signature from the person in charge of the activity or a signature from your building principal) along with this form to the LPDC.

\_\_\_\_\_ Verification attached \_\_\_\_\_ Contact hours granted

Signature of LPDC Chairperson \_\_\_\_\_ Date \_\_\_\_\_