

**JEFFERSON COUNTY EDUCATIONAL SERVICE CENTER CONSORTIUM
LOCAL PROFESSIONAL DEVELOPMENT PLAN**

**EQUIVALENT OTHER ACTIVITY (EOA) DOCUMENTATION VOUCHER
Teachers**

Name _____

EOA Option _____ Number of CEUs _____

Please check (✓) the area of professional development to related to this EOA.

Domain A ~ Organizing Content Knowledge for Student Learning

Domain B ~ Creating an Environment for Student Learning

Domain C ~ Teaching for Student Learning

Domain D ~ Teacher Professionalism

Domain D ~ Professional Educator Growth

From your **IPDP**, copy the applicable goal.

Write a brief description of the EOA and how it helped you to grow professionally;
include date(s) when activity or portions of the activity was/were performed.

The signature(s) below verify that this report describes the EOA performed in partial fulfillment of my **Individual Professional Development Plan (IPDP)**.

Signature of Participant

Date

Attach any publications, copies of certificates, agendas, etc. that could be used for verification or include a signature of verification, and complete participant reflection on the back.

Verification Signature

Position

Date