



# Switzerland of Ohio LPDC

## Activity Proposal To be completed prior to PD

<i>Name</i>	<i>Grade/Position</i>	<i>Building</i>	<i>Date Submitted</i>

**Title of PD: Be specific. Include catalog number for college or university course(s)**

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**Type of PD: Please check all that are appropriate.**

<input type="checkbox"/>	College/University coursework	<input type="checkbox"/>	Visitation to observe model instruction
<input type="checkbox"/>	Series of ongoing workshops	<input type="checkbox"/>	Mentoring new teachers or teachers in need
<input type="checkbox"/>	Single workshop	<input type="checkbox"/>	Professional presentations
<input type="checkbox"/>	National or State Conference	<input type="checkbox"/>	National Board Certification
<input type="checkbox"/>	Professional organization activities	<input type="checkbox"/>	Professional Committees: FAC, CIP, etc.

**Description of PD:**

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**Please cite which goals# and standard(s)# from your IPDP you feel this PD will address.**

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<b>Number of contact hours: (CEU's):</b>	<b>Semester /Quarter Hours:</b>
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\*You may not count lunch or breaks. Specific hours will be rewarded pending verification of Activity.

Approved	Rejected	LPDC Chairperson Signature	Date

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## Activity Verification

To be completed after PD

Answer the following questions as they relate to this PD experience. **Identify and attach documentation of completion of the PD experience.**

Evaluate the PD as to its short- and long-term impact. Be as specific as possible.		
How did the PD result in the acquisition, enhancement or refinement of skills & knowledge? Be specific.		
Would you recommend this PD to others? Please state why or why not.		
CEUs Awarded	LPDC Chairperson Signature	Date



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