

Bucyrus LPDC

Activity Proposal

To be completed prior to PD

Name	Grade/Position	Building	Date Submitted

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.

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|---|---|
| <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:

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

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Number of contact hours: (CEU's):	Semester /Quarter Hours:
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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

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

Make a copy of this for your personal file.

You may type in the boxes and save a copy to your Documents folder and then E-Mail the completed form as an attachment to rrawson@bucyrusschools.org Or you may print off the form and fill out by hand and send to Rick Rawson at BSS.