

Lucas Local School District
Individual Professional Development Plan
IPDP Implementation Form

Current Date

Request for CEU approval

Verification of college credit

Name

Date Submitted

Title of workshop/activity/class:

Provider: Date(s)

Please indicate type and quantity of PD below:

Contact Hours Semester Hours Quarter Hours

Documentation Provided: (Original and two copies of documentation must be submitted.)
Check all that apply.

Certificate of attendance

Reflection journal

Time log

Agenda with specific dates and times

Conference program with attended sessions identified

Official transcripts

Grade reports

Original work related to PD: portfolio, lesson plans, curriculum documents, grants, academic articles, etc.

Other (specify)

Description of activity/class

Fulfillment of goal(s)

(CEUs only) How are you using/did you use the information? Describe or attach supporting information or work product that will help the LPDC review this application.

Revise/Resubmit **OR** CEUs approved college hours verified

Approving signature _____

Date _____