

Willard City Schools LPDC

College Credit, CEU, or Equivalent Activity Points
Use other side of form if more room is needed.

(This form must be submitted prior to the activity to receive Initial approval and resubmitted upon completion for Final Approval.)

Name: _____ Date: _____

IPDP Approval Date: _____ Cert/License Issue Date: _____
(NOT Effective Date)

Certificate/Licensure Area(s): _____ Credit/Contact
(i.e. K-3; 4-9 Social Studies & LA; K-8 Elem; 7-12 Integrated Science; K-12 Reading; etc.) Hours: _____

1. What IPDP goal does this proposed activity address? (Please write the goal out)

2. What is the type or title of this activity? (eg. college course name and/or number or activity name)

3. What institution is conducting this activity?

4. What do you plan to do as a part of this activity? (If partnering with other educators, please list their names.)

5. Please provide a time line (expected completion time) for this activity.

6. What documentation will you provide to the LPDC to verify this activity?

LPDC Action:	_____ Proposal Approved	_____ Documentation Provided
	_____ Final Credit Approval	
Initial LPDC Approval on: _____	Signature: _____	
Final LPDC Approval on: _____	Signature: _____	

Comments from LPDC Committee regarding proposal:

