

Paint Valley Local School District

Preapproval Form: To be submitted **PRIOR** to engaging in PD

Name:		IPDP Approval Date:	
Title of Professional Development:			
Date of PD:		Location of PD:	
Select the type of PD: <ul style="list-style-type: none"><input type="radio"/> College/University Credit<input type="radio"/> Workshop<input type="radio"/> Conference<input type="radio"/> Professional Learning Team/TBT/BLT/DLT<input type="radio"/> School Committee<input type="radio"/> Other, must specify _____			
Description of PD:			
Which Professional Standards is applicable to this PD:			
Number of Contact Hours:		Number of CEU/College Credit requested:	

Signature of Applicant: _____ Date _____

- Revise/Resubmit
- Approved as Written

LPDC Approval Signature: _____ Date: _____

When PD has been accomplished, you need to fill out the Evaluation on the back and resubmit. You must resubmit within 6 months of accomplishing PD.

All College Credit has to Pre and Post approved

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Evaluation of Accomplished Professional Development

(To be completed after the PD experience)

Name: _____

Directions: Please fill in the chart with a description of how the PD is aligned with your Professional Standards. Be sure to name which Professional Standards have been covered with this PD. You must cover at least one Standard for your PD to be valid.

Standard ____ Give an Example:
Standard ____ Give an Example:
Standard ____ Give an Example:
Standard ____ Give an Example:
Standard ____ Give an Example:

Attach one of the following documentations to evidence the completion of the PD experience.

- Certificate of Attendance
- Time Log
- Agenda
- Transcripts
- Other Documentation: (Specify) _____

___ Revise/Resubmit

___ Approved as Written

LPDC Approval Signature: _____ Date: _____

Number of CEUs or Credits Earned _____