

Paulding Exempted Village Schools

LPDC Activity Proposal

To be submitted for approval **PRIOR** to engaging in an activity in group 3 or 4

Name _____ IPDP Approval Date _____

Building _____ Teaching Assignment _____

Location of Professional Development _____

Title of Professional Development (specify) _____

Select one or more as appropriate

- Professional Learning Team/Community Involvement
- Independent Study/Action Research
- Professional Educational Organization Activities
- District Leadership Team, LPDC, Curriculum Development, School Improvement
- Mentoring student teacher(s) or new teacher(s)
- Other, not listed above

(Specify) _____

Description of PD

IPDP Goal(s) applicable to this Activity

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Group (3 or 4) Number of Contact Hours
*Refer to pages 11-13 of LPDC Notebook for information

Activity End Date _____

Signature of Applicant _____ Date _____

-----**For LPDC use only**-----

Revise/Resubmit
Revision Advice Date _____

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-OR-

Approved

LPDC Approval Signature _____ Date _____