

# PDU Alternate Activity Post-Approval

Westlake City School District LPDC

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Building: \_\_\_\_\_

Position: \_\_\_\_\_

A detailed LPDC Professional Development Log, all documentation that will support your activity must accompany this form for final issuance of PDU credit.

Requested number of PDUs: **(60 hours max per activity)** Estimated Contact Hours:

I. Title/Scope of Activity:

II. Identify the goal on your IPDP this activity meets:

III. Evaluation: Evaluate how this activity demonstrates that you have successfully reached your IPDP goal.

## LPDC USE ONLY:

Final Approval:

Number of PDUs awarded:

Revision Requested:

Reason:

LPDC Chairperson: \_\_\_\_\_

Date: \_\_\_\_\_