

PDU Alternate Activity Pre-Approval

Westlake City School District LPDC

Name: _____

Date: _____

Building: _____

Position: _____

For PDU Credit: If you are seeking local district LPDC approval for PDU credit, carefully complete this section. A detailed LPDC Professional Development Log, all documentation that will support your activity, and a post-approval from should be supplied to the LPDC for final award of PDU credit. **All requests for pre-approval should be submitted at least FOUR weeks prior to the beginning the activity. Failure to do so may result in the denial of approval.**

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. Proposal: Describe in detail the activity you are proposing.

IV. Benefit: Identify the benefits to self, school, district, and/or community.

V. Intended Learning Outcome/Product: Identify the anticipated result(s) of activity.

VI. Timeline: Provide a timeline for the planning, implementation, and assessment of activity.

LPDC USE ONLY:

LPDC Chairperson: _____

Date: _____

**Signature verifies that the LPDC has pre-approved this workshop.*