

Individual Professional Development Plan
Coursework/Continuing Education Unit Proposal

Name _____ Building _____

Date _____

Describe the coursework/CEU activity and the anticipated professional development benefits:

Who will be providing the activity?

What is/are the date(s) of the coursework/activity?

How many hours will be required to complete the activity?

What documentation will be provided to verify completion of the coursework/activity?

In the case of coursework,
_____ (how many) semester/quarter hours (circle one) will be earned.

In the case of an equivalent activity,
_____ (how many) CEU's are being requested.

Date Received _____ Date Approved _____

Signature of LPDC Chair _____

Verification Date _____ Type of Verification _____

Signature of LPDC Chair _____