

**Wood County LPDC Consortium
Group 3 Activity Verification Form**

Name _____ Date _____

Employing District _____ IPDP Approval Date _____

Building/Assignment _____

1. Activity Type

Each activity requires its own Group 3 Activity Verification Form.

- Mentoring
 - Curriculum Development
 - Professional Committee
 - Grant Writing
 - Cooperating Teacher for Practicum (Methods)
 - Cooperating Teacher for Student Teaching
 - National Board Professional Teacher
 - Master Teacher Designation
 - Other, not listed above: (Specify) _____
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2. Record of Time Spent on Activity

Date	Hours	Signature or other Documentation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Hours = _____

Total CEUs = _____

Teacher Signature _____