

**Wood County LPDC Consortium
Group 4 Pre-Approval Form**

Name _____ Date _____

Employing District _____ IPDP Approval Date _____

Building/Assignment _____

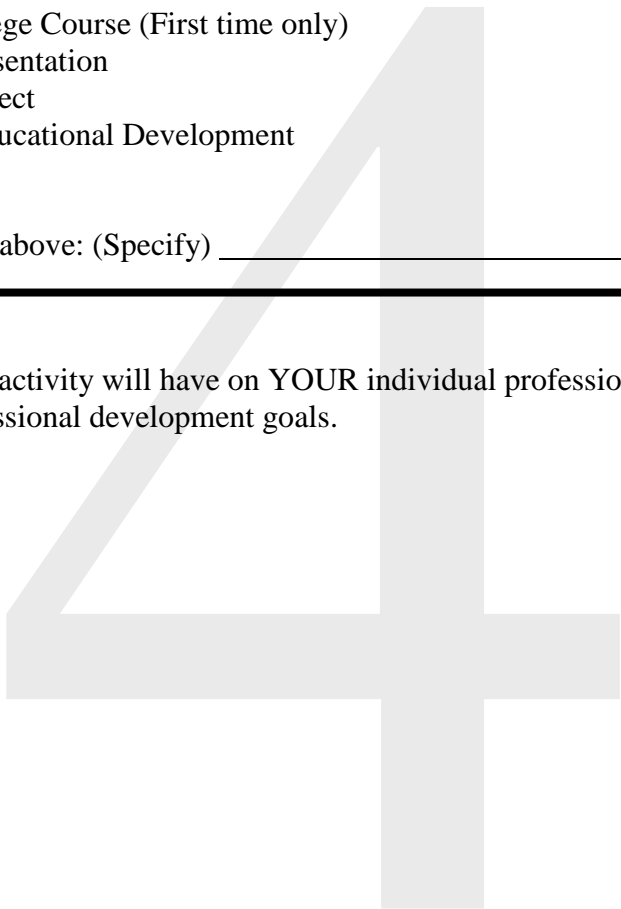
1. Activity Type

Each activity requires its own Group 4 Activity Verification Form.

- Publication
 - Peer Observation
 - Teaching a College Course (First time only)
 - Professional Presentation
 - Educational Project
 - Self Directed Educational Development
 - Externship
 - Webinar
 - Other, not listed above: (Specify) _____
-

2. Description of Activity

Describe the impact this activity will have on YOUR individual professional development **AND** how it helps to meet your professional development goals.



3. CEU Request

Number of Contact Hours = _____

Number of CEUs Requested = _____

LPDC Approval _____

CEUs Approved = _____

4. Record of Time Spent on Activity

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

Teacher Signature _____

DO NOT MARK BELOW THIS LINE

Revise/Resubmit

Revision Advice: