

North Point Educational Service Center LPDC Post-Approval Activity Form

Name: _____ Date Submitted: _____

Position: _____ Building: _____

Start Date: _____ End Date: _____

LPDC Pre-Approval Date: _____

A. I applied for the following professional development activity:

- Grant Writing
- National Board Certification
- Peer Observation
- Professional Committees
- Self-Directed Educational Activity (*Check one*):
 - Educational Project
 - Educational Travel
 - Professional Presentation
 - Professional Reading
 - Publication of Original Work
 - Research

B. On a separate piece of paper, please give in-depth answers for the following questions.

1. What was the end result/professional benefit of this activity?
2. How will your attitudes, knowledge, and/or skills be enhanced by this professional development activity?
3. If appropriate, how will this professional development activity lead to improved student achievement?

C. Please submit the following verification document for the professional development activity selected.

- Grant Writing: Copy of the NPESC Governing Board approved grant
- National Board Certification: Copy of your NBPTS Certificate
- Peer Observation: Written summary of pre-conference, observation, and post-conference
- Professional Committee: Copy of the professional committee meeting agenda(s)
- Educational Project: Written summary of project; copy of the final product
- Educational Travel: Written summary of the trip; copy of the itinerary
- Professional Presentation: Written summary of the professional presentation; copy of meeting agenda
- Professional Reading: Written summary of the professional readings
- Publication of Original Work: Copy of the published original work
- Research: Written report of research conducted, findings, and applications

D. Now that my professional development activity is complete, I am requesting _____ CEU(s).
Attached is a log showing dates and hours spent completing the professional development activity.

Send this form to the LPDC Secretary, NPESC, Sandusky Office.

Date Received: _____ LPDC Reviewed on: _____

Number of CEU's Granted by LPDC: _____

LPDC Chairman: _____

*** **IMPORTANT!** Save this form. You will need to turn this in at the time of your renewal ***