Pleasant Local Schools
Approval for College Course Work, Workshops, Conferences, and Professional Activities

Name____________________________________    Building____________________________________
(please print or type)

Course/Activity Title ________________________________________________________________

Course/Activity offered by _______________________________________________________

Date, time and location of course/activity ___________________________________________

Number of hours _____________ (please specify if the hours are quarter, semester, or contact hours)

Course/Activity Description _______________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Indicate how this course/activity supports your Individual Professional Development Plan
(IPDP) and how it will impact student learning. _______________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

*PLEASE BE SURE TO SUBMIT PROOF OF COMPLETION (GRADE SHEET, TRANSSCRIPT,
CERTIFICATE, ETC.) TO THE LPDC COMMITTEE

Educator’s Signature ___________________________ Date____________________

LPDC Signature______________________________ Date____________________

____ Approved       ______ Not Approved       _____ Returned for Clarification