Name: _______________________________________

Title of Professional Development: ____________________________

Date: ___________________________________ Time: ______________________

This activity supports my IPDP goal number(s): (refer to IPDP)

☐ Goal 1  ☐ Goal 2  ☐ Goal 3  ☐ Goal 4  ☐ Goal 5

This activity meets Ohio Standards for the Principal / Administrator Profession:
(record on form D – PD Log)

☐ 1. Vision / Goals  ☐ 2. Leadership / Learning  ☐ 3. Implementation for Achievement

Professional Development Option (refer to form C):

☐ College / University Course Credit
☐ Professional Development Presenter
☐ Professional Conference, Workshop, Seminar, or In-service
☐ Professional Committee
☐ Mentoring
☐ Other, not listed above: (Specify) ________________________________________

Proposed Value: (Choose one)

_____ Semester Hours   _____ Quarter Hours   _____ PDUs

- 1 clock hour equals 0.1 PDUs
- Professional Development Presenter--1 clock hour equals 0.3 PDUs
- 1 semester hour equals 3 PDUs
- 3 quarter hours / 2 semester hours equals 6 PDUs
- 1 quarter hour equals 2 PDUs

I certify the information provided on this form is accurate to the best of my knowledge.

Educator’s Signature: ________________________________

Final approval is at the discretion of the LPDC.

DATE APPROVED: ________________

LPDC
SIGNATURE: ____________________________

LPDC STAMP: ____________________________