Name: __________________________________________

<table>
<thead>
<tr>
<th>Title of Professional Development:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
</tr>
</tbody>
</table>

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 Superintendent Profession:
(record on form D – PD Log)

- [ ] 1. Vision / Goals
- [ ] 2. Communicate / Collaborate
- [ ] 3. Maximize Success of Students
- [ ] 4. Leadership
- [ ] 5. Resource Management
- [ ] 6. Professional Growth

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)

<table>
<thead>
<tr>
<th>_____ Semester Hours</th>
<th>_____ Quarter Hours</th>
<th>_____ PDUs</th>
</tr>
</thead>
</table>

- 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: