

Miami Trace Local School District LPDC Superintendent Professional Development Approval Form

Name: _____

Title of Professional Development:		
Date:	Time:	
This activity supports my IPDP goal number(s): (refer to IPDP) <input type="checkbox"/> Goal 1 <input type="checkbox"/> Goal 2 <input type="checkbox"/> Goal 3 <input type="checkbox"/> Goal 4 <input type="checkbox"/> Goal 5		
This activity meets Ohio Standards for the Superintendent Profession: (record on form D – PD Log) <input type="checkbox"/> 1. Vision / Goals <input type="checkbox"/> 2. Communicate / Collaborate <input type="checkbox"/> 3. Maximize Success of Students <input type="checkbox"/> 4. Leadership <input type="checkbox"/> 5. Resource Management <input type="checkbox"/> 6. Professional Growth		
Professional Development Option (refer to form C): <input type="checkbox"/> College / University Course Credit <input type="checkbox"/> Professional Development Presenter <input type="checkbox"/> Professional Conference, Workshop, Seminar, or In-service <input type="checkbox"/> Professional Committee <input type="checkbox"/> Mentoring <input type="checkbox"/> Other, not listed above: (Specify) _____		
Proposed Value: (Choose one) <p style="text-align: center;">_____ Semester Hours _____ Quarter Hours _____ PDUs</p> <ul style="list-style-type: none"> • 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: