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 Teaching Profession: (record on form D - PD Log)

☐ 1. Student Learning  ☐ 2. Content Area  ☐ 3. Assessments  ☐ 4. Effective Instruction


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: