

Tuscarawas Valley Local Schools CEU Approval Form



Directions:

Name: _____ License Expiration Date: _____

Area(s) of Certification _____

Building: _____ (TVHS, TVMS, TVIS, TVPS, Central Office)

Activity: _____

Directions: If you are seeking locally approved CEU credit by your LPDC through an activity or workshop, complete this section:

Explain how this activity helps fulfill the goals in your IPDP, and what follow up activities supported the goals from this activity.

Why and/or how has this activity improved your professional skills, the learning of your students, and/or the quality of your school district? How will you share your learning with colleagues?

Please attach the workshop certificate to this sheet and forward to the LPDC. If this form is being completed for some "other activity" please attach the documentation required for the activity. This information can be found on pages 9-13 of your LPDC handbook.

CEUs requested for this Activity: _____

Signature of Educator: _____ Date: _____

Date Reviewed: _____ Approved _____ Denied _____ CEUs Granted: _____

Signature of LPDC Chairman: _____