

Southern Local School District LPDC

Preapproval Form: To be submitted *prior* to engaging in PD

Name:	IPDP Approval Date:
Teaching/Work Assignment:	
District & Building/School Name:	
Date(s) of Professional Development:	
Location of Professional Development:	
Title of Professional Development: (Specify)	
Type Select one or more as appropriate. <ul style="list-style-type: none"><input type="checkbox"/> College/university course<input type="checkbox"/> Ongoing series of workshop sessions<input type="checkbox"/> Conference<input type="checkbox"/> Single workshop<input type="checkbox"/> Professional Learning Team/Community Involvement<input type="checkbox"/> Independent study/action research<input type="checkbox"/> Professional educational organization activities<input type="checkbox"/> District leadership team, LPDC, curriculum development, school improvement<input type="checkbox"/> Coaching/mentoring student teachers, new teachers or teachers in need<input type="checkbox"/> Other, not listed above: (Specify)_____	
Description of PD	
IPDP Goal(s) applicable to this PD	

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Number of contact hours	Number of CEUs requested
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Please turn to page entitled "Evaluation of Approved PD" and check the box or boxes in front of the PD standards you expect to address in this PD experience. Refer to *Organizing for HQPD* [available on [this page](#)]. See the IPDP Rubric on pages 25-31 to gauge the alignment.

Signature of applicant _____ Date _____

DO NOT MARK BELOW THIS LINE. FOR LPDC USE ONLY.

Revise/Resubmit
Revision Advice:

-OR-

Approved as written

Approval Signature _____ Date _____