



Pre-Approval Form

Name:	Submission Date: Click here to enter a date.
Building/Assignment:	
Date(s) of Professional Development:	
Location of Professional Development:	
Title of Professional Development: (be specific)	
Type: Select one or more as appropriate. (Can be found on LPDC Example Activities page) <ul style="list-style-type: none"> <input type="checkbox"/> Professional Presentation <input type="checkbox"/> Ongoing series of workshop sessions <input type="checkbox"/> Conference <input type="checkbox"/> Single workshop <input type="checkbox"/> Educational Project <input type="checkbox"/> Self-Directed Educational Development <input type="checkbox"/> Professional educational organization activities <input type="checkbox"/> District Leadership Team, LPDC, curriculum development, school improvement <input type="checkbox"/> Related Work Experience or Externship <input type="checkbox"/> Other (Specify) _____ 	
Description of PD and what you hope to gain:	
IPDP Goal(s) applicable to this PD <input type="checkbox"/> Goal A <input type="checkbox"/> Goal B <input type="checkbox"/> Goal C <input type="checkbox"/> Goal D <i>Write out goal(s) below:</i>	
Requested Number of Contact Hours	

Signature of Applicant _____ Date: _____

Comments (for LPDC use only)

Approval Signature _____ Date: _____

Number of contact hours approved pending completion of project and verification: _____