

Evaluation of Professional Growth Activity

1. Submit this form for **each** activity/class completed.
2. Complete all items pertaining to this activity.
3. Attach supporting documentation (course syllabus, program, agenda, timelines).

NAME: _____ DATE OF REQUEST: _____

- | | |
|---|--|
| <input type="checkbox"/> College course | <input type="checkbox"/> Committee Work |
| <input type="checkbox"/> Workshop | <input type="checkbox"/> Classroom Observation |
| <input type="checkbox"/> Conference | <input type="checkbox"/> Mentoring |
| <input type="checkbox"/> Other _____ | |

University/College/Sponsoring Organization: _____

Title of Course/Workshop/Conference: _____

No. of College Credit Hours _____ Type: _____ semester _____ quarter

PDU/CEUs Requested: _____ Contact hours: _____

Indicate your level of involvement: _____ presenter _____ participant

Discuss the highlights of the activity.

Describe how the benefits of this activity can be applied in your classroom or shared with staff or community members.

Employee's Signature _____ Date _____

LPDC USE:

Reviewed by _____ Date _____

_____ APPROVED for _____ PDUs _____ NOT APPROVED

- State Certification Denominational Certification