

LPDC PREAPPROVAL FORM: To be submitted *prior to* engaging in PD

Name: _____	IPDP Approval Date: _____
Teaching/Work Assignment: _____	
Building/School Name: _____	
Date(s) of Professional Development: _____	Location: _____
Title of Professional Development: (Specify) _____	
Type Select one or more as appropriate. <input type="checkbox"/> College/university course <input type="checkbox"/> Ongoing series of workshop sessions <input type="checkbox"/> Conference/workshop <input type="checkbox"/> Independent study/action research <input type="checkbox"/> Professional educational organization activities/community involvement <input type="checkbox"/> Agency committee work, LPDC, curriculum development, school improvement <input type="checkbox"/> Coaching/mentoring student teachers or new teachers <input type="checkbox"/> Other: (Specify) _____	
Description of PD (attach documentation): _____	
Contact hrs/CEU's requested (indicate number) _____	
IPDP Goal(s) applicable to this PD (number) _____ *HQPD Standard(s) _____ (Refer to page seven of Organizing for HQPD)	
Staff Signature: _____	Date: _____

DO NOT MARK BELOW THIS LINE. FOR LPDC USE ONLY	
Number of contact hours	Number of CEUs requested
1. <input type="checkbox"/> Approved as written 2. <input type="checkbox"/> Revise/Rewrite 3. <input type="checkbox"/> Comments:	
Revision/Rewrite Advice: _____	
Approval Signatures: _____ Date: _____	
_____	_____
_____	_____
Approval # _____	Code # _____