

Steubenville City Schools

**Request for Approval:
LPDC Approved Continuing Education Unit**

Educator's Name: _____ SS#: _____

Home Address: _____
Street and or PO City State Zip

Home Phone: _____ School Phone: _____

School Building: _____ Assignment: _____

1. Workshop: If you are seeking local district LPDC approval for CEU credit, complete this section:

- a. Identify Provider: _____
Name of the university, organization, etc.
- b. Identify Presenter or Director: _____
- c. Identify the workshop date(s): _____

Ohio Standards for Professional Development
Please check all that apply.
High Quality Professional Development (HQPD)

- Is a purposeful, structured and continuous process that occurs over time.
- Is informed by multiple sources of data.
- Is collaborative.
- Includes varied learning experiences that accommodate individual educator's knowledge and skills.
- Is evaluated by its short term-and long-term impact on professional practice and achievement of all students.
- Results in the acquisition, enhancement or refinement of skills and knowledge.

d. Identify the number of clock hours of workshop instruction: _____
Conversion: One activity hour is equal to one tenth (0.1) CEU credit. 10 activity hours are equal to one (1) CEU.

e. Attach the workshop agenda or certificate given to you at the end of the session. If none was given, have the administrator overseeing the workshop sign below.

Administrator Signature _____ Date _____

f. You are reminded that CEU credits, whether from the Ohio Department of Education (issued only until July 1, 1998) or approved locally by your LPDC, must assist you in accomplishing the goals of your Individual Professional Development Plan, and that this plan must address student, district, and educator development needs.

LPDC Verifying Signature: _____ Date: _____/_____/_____
(Signature verifies that the LPDC has pre-approved this Workshop Provider)

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2. Activities: If you are seeking locally approved CEU credit by your LPDC through an activity other than a workshop, complete this section:

a. Describe the activity-please check the Pre-Approved Professional Development Activities for those that have been pre-approved by your LPDC as legitimate activities to be used by district educators towards meeting their goals.

b. Identify the number of activity hours that you have invested in this activity.

c. Gain the signature of an administrator or colleague who can verify and affirm your activity hours.

Signature: _____ Title: _____

d. Why and/or how has this activity improved your professional skills, the learning of your students, and or the quality of your school district?

e. Attach a copy of evidence that has resulted from your activities.

f. Attach any additional information that you think might help your LPDC to review and approve your request for CEU credit for these Other Activities.

Signature of Submission _____ Educator Date: __/____/____

Signature of Approval _____ LPDC Rep. Date: __/____/____

CEU's granted per this request: _____ Official Date this CEU credit is effective: __/____/____