

AKRON PUBLIC SCHOOLS

Application to Provide
Continuing Education Units For
APS Professional Development
Activities

Type or Print

Type or Print

IDENTIFYING INFORMATION

Sponsor (Name, Building or Agency)/Contact Person

Position

Presenter

Telephone Number

Mailing Address or Email Address

City

State

Zip

Program Title

No. Contact Hours

No. of Sessions

Session Dates
And Times

Location

No. of CEU's
Requested

CORE CATEGORIES:

- Academic Content (What is taught)
- Instructional Pedagogy (How it is taught)
- Context Assessment & Evaluation (How do we know)
- Professional Growth (How to get there)
- Electives

TYPE OF ACTIVITY

- APS Workshop
- Community/Bus. Ed
- Conference
- Curriculum Development
- Educational Ldrshp
- Field Experience
- Grant Writing
- Individual Inquiry
- LPDC Training
- Mentoring
- NCA Evaluation
- NCA Evaluation
- National Bd Cert
- Presentation
- Prof Assoc Ldrshp
- Program Create
- Pub Original
- Research Project
- Site-Based Plan Ldrshp
- Strategic Plan Ldrshp
- Technical App

SUBJECT AREA

- Fine Arts
- Career Education
- Child Study
- Foreign Language
- Health/Physical Education
- Language Arts
- Mathematics
- Pre-Kindergarten
- Science
- Social Studies
- Special Education

TOPIC AREA

- Standards
- Computer Applications
- Secondary
- Literacy
- Assessment
- Cultural Diversity
- Learning Environment
- Performance Evaluation
- Data Analysis
- Elementary
- Leadership

PROGRAM DESCRIPTION

Identify/describe the primary learning outcome for this activity. Be specific.

Identify instructional techniques or strategies that will be used to obtain the intended learning outcomes:

Description of program (attach agenda/flyer):

COMPLIANCE

Upon approval of this application, I assure the Akron Public Schools' Local Professional Development Committee and Board of Education that the professional development activity as described on this application will comply with the Akron Public Schools' Standards of Professional Development and that all information collected as a result of the professional development activity will be an accurate representation of activity and participation.

Applicant Signature

Date

REVIEW

Date Reviewed

Approved

Not Approved

LPDC Chairperson

At the completion of the activity described above, each participant must send the \$5.00 processing fee (in cash) **AND** the signed verification of attendance from the presenter to the Office of Staff Development within two weeks of the end of the activity described above.

Please return this completed form to:
Staff Development Office
Attention: Bernie Burchett
65 Steiner Avenue
Akron, OH 44301