Independent Professional Development Activities
Local Professional Development Committee of the Akron Public Schools

Last Name _____ First _____ MI. ____

Activity Title _____

Project Dates: Start _____ End _____

How do the goals of this Independent Activity relate to the goals on your Individual Professional Development Plan?

Describe your proposed activity and procedures to be followed: (continue on back if needed)

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Verification of Completion: Documentation must include a Professional Activities Log, having the signature of the sponsoring administrative representative or a completed product and/or summary of conclusions report. When complete, submit all documentation to the LPDC office.

Estimated Number of Contact Hours _____ Number of CEU's Requested _____

Provide rationale for CEU's requested:

_____

_____

LPDC use only: Chair Signature	APPROVED	DATE	No. of CEUs	NOT APPROVED