

Xenia Community Schools Pre-approval for A Professional Development Activity For non-LPDC Options

Name _____ Social Security _____
(Last 4 digits)

Building _____

Current Position _____ Clock Hours _____

Type of Professional Activity _____

Date(s) of Activity _____

1. Describe how this activity supports your Professional Development Plan. (Correlate to District, Building, Individual Goals)

2. Describe how these activities will impact / enhance student learning.

3. Documentation / Verification: How will you assess this activity?

Applicant's signature _____ Date _____

LPDC USE ONLY:	
_____ Approved	_____ Not Approved
LPDC Member Signature _____	
Comments:	