

**Activity Proposal for Fulfillment of
Individual Professional Development Plan**
Please Do Not Make Modifications to this Form

Please Note: As an educator on an IPDP you must submit a proposal prior to participation in an activity. A separate proposal must be completed for each proposed activity. The word "activity" can represent a workshop/conference, academic coursework, or an "other equivalent activity". (See grid for assistance in determining CEUs for "other equivalent activities".)

Name _____ Last 4 Digits of Social Security # _____

Name or Title of Activity: _____

Sponsoring Provider: _____

Date(s) of activity or timeline of implementation and completion: _____

Please select from choices below to indicate type of credit you are requesting: (Please note that per ODE guidelines, course and CEU credit may only be granted if (1) they align to ODE Standards for Professional Development and (2) the learning institution is accredited.)

- Number of Semester Hours: _____ (Please convert quarter hours to semester hours. One quarter hour is equal to 2/3 semester hour.)
- Number of Workshop/Conference CEUs: _____ Number of Contact Hours: _____
- Number of Other Equivalent Activities" CEUs: _____
(See Activity Grid for Guidelines)

Provide a brief description of the activity:

Explain how this activity supports your IPDP:

Educator's Signature: _____ Date: _____

____ Approved ____ Denied Authorized LPDC Signature: _____ Date: _____

Activity Complete Authorized LPDC Signature: _____ Date: _____

Comments: _____