

**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: \_\_\_\_\_