

Request received on \_\_\_\_\_

**PRELIMINARY APPROVAL/DISAPPROVAL** (This section to be completed by the LPDC.)

\_\_\_\_\_ This activity has been \*conditionally approved as submitted for up to \_\_\_\_\_ CEU's to be awarded upon completion of the activity and the submission of the Equivalent Other Activity Report form within 3 months of completion.

\_\_\_\_\_ This activity will be approved with suggested revisions, for \_\_\_\_\_ CEU's to be awarded upon completion of the activity and the submission of the Equivalent Other Activity Report form within 3 months of completion.

\_\_\_\_\_ This activity has merit but has not been approved as submitted. You may refine the highlighted areas and resubmit the proposal.

\_\_\_\_\_ This proposal has been denied at this time. The purpose, process, and benefits of the project are unclear as it relates to your High Quality Professional Development. If you still feel that this activity meets the Ohio Standards for Professional Development (Organizing for High Quality Professional Development, pg 7), please redefine and restate your proposal before resubmission.

LPDC Chair: \_\_\_\_\_ Date: \_\_\_\_\_

## Greenville City Schools LPDC Pre-Approval Equivalent Other Activity Proposal

Read the Continuing Education Unit Options: Equivalent Other Activities.  
Refer to Organizing For High Quality Professional Development, page 7.

**Important: Attach your log of time spent doing this activity.**

**NOTE: You must submit a separate activity proposal page for EACH proposed activity.**  
Duplicate this page as needed.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Building: \_\_\_\_\_

EOA Option # \_\_\_\_\_ Title of Activity \_\_\_\_\_

Anticipated start date \_\_\_\_\_ Anticipated date of completion \_\_\_\_\_

Number of CEU's requested: \_\_\_\_\_ (NOTE: The committee will consider your evidence of time spent as well as the quality of any product/project produced.)

**Process:** Describe the planned activity.

**IPDP Correlation:** Cite the applicable goal(s) from your IPDP.

**My Goal #**

**Outcomes:** Describe the anticipated outcomes for yourself, students, building, and/or district as a result of this activity.

**For Myself:**

**For Students:**

**Building/District:**

**Verification** (check box)

Portfolio    Activity Documentation Voucher    Reflective Journal    Time Log

**\*Time-Line:** Upon completion of your final project you must meet with the LPDC for final approval for your CEU's within 3 months of completion.

**Describe strategies to measure progress and achievement of goals:**

Describe how the impact of this activity will be assessed and identify the person(s) responsible for completion of the assessment. (i.e., complete the EOA Reflection paper, student survey, dialogue with peers, finished product.)

I certify that the information provided in this Equivalent Other Activity Proposal is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For LPDC Use Only**

**\* Final Approval**

CEU's \_\_\_\_\_

LPDC Chair \_\_\_\_\_ Date: \_\_\_\_\_