

To be completed by LPDC only

Date _____

CEU's Approved _____

Effective dates of IPDP _____

Greenville City Schools LPDC Professional Development Reflection for EOA's

Name: _____ Date: _____

EOA Option # _____ Title of Activity: _____

Number of CEU's requested: _____

Goal Statement # : (must state NEW LEARNING)

Verification (check item)

Portfolio Activity Documentation Voucher Reflective Journal Time Log
 Other - *State verification*

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

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.

Start Date: **End Date:**

How did this activity/project:

- a. Improve your practice as an educator?

- b. Improve your students' achievement?

- c. Help meet the building or district level Continuous Improvement Plan goals?