

DPS Local Professional Development Committee

EQUIVALENT ACTIVITY PROPOSAL

(Submit a separate form for each activity)

DATE SUBMITTED:

NAME:

JOB TITLE:

WORK LOCATION:

CELL PHONE:

WORK PHONE:

*****After the event, educator MUST submit Equivalent Activity Log – Form #2 to LPDC for review and determination of hours awarded.***

Title of Activity:

Date/Date Range of Activity:

Explain the basis for choosing this activity and relevance to your IPDP:

Describe the planned activity:

Describe the anticipated benefits to self, students, building, and/or district:

Identify the documentation that will be presented for PDUs:

For LPDC Committee Use Only

Pre-Approval	Final Approval
Date: LPDC Reviewer: LPDC Reviewer: • Approved • Revision Needed	Date: LPDC Reviewer: LPDC Reviewer: • Approved • Revision Needed