

Lynchburg-Clay Local School District LPDC
Superintendent Professional Development Approval Form

Name: _____

Title of Professional Development:
Date of PD:
This activity supports my IPDP goal number(s): (refer to IPDP) <div style="display: flex; justify-content: space-around; margin-top: 5px;"><input type="checkbox"/> Goal 1<input type="checkbox"/> Goal 2<input type="checkbox"/> Goal 3</div>
This activity meets Ohio Standards for Superintendents: (record in PD Summary chart) <div style="display: flex; flex-wrap: wrap; margin-top: 5px;"><div style="width: 33%;"><input type="checkbox"/> 1. Vision / Goals</div><div style="width: 33%;"><input type="checkbox"/> Communicate / Collaborate</div><div style="width: 33%;"><input type="checkbox"/> Maximize Success</div><div style="width: 33%;"><input type="checkbox"/> 3. Maximize Success of Students</div><div style="width: 33%;"><input type="checkbox"/> 4. Leadership</div><div style="width: 33%;"><input type="checkbox"/> 5. Resource Management</div></div>
Professional Development Option: <div style="margin-top: 5px;"><input type="checkbox"/> College / University Course Credit <input type="checkbox"/> Professional Development Presenter <input type="checkbox"/> Professional Conference, Workshop, Seminar, or In-service <input type="checkbox"/> Professional Committee <input type="checkbox"/> Mentoring (specify for whom) _____ <input type="checkbox"/> Other, not listed above (specify) _____</div>
Description of PD:
Submitted Documentation: (Check all that apply) <div style="margin-top: 5px;"><input type="checkbox"/> Certificate of attendance <input type="checkbox"/> Reflection journal <input type="checkbox"/> Time log <input type="checkbox"/> Agenda with specific dates and times <input type="checkbox"/> Transcripts or grade reports <input type="checkbox"/> Other (specify) _____</div>
Proposed Value: (Choose one) <div style="display: flex; justify-content: space-around; margin-top: 5px;">_____ Semester Hours_____ Quarter Hours_____ CEUs</div>

I certify the information provided on this form is accurate to the best of my knowledge.

Superintendent's signature: _____ Date: _____

Final approval is at the discretion of the LPDC.

LPDC approval signature: _____ Date: _____