Form to be completed and submitted by educator to LPDC.

PERRY LOCAL SCHOOLS **PROFESSIONAL ACTIVITY LOG**

Name: _____

Building/Office: _____

School Year: _____ Date Submitted to LPDC: _____

	DATE(S)	SPONSORING PERSON OR		SEMESTER
ACTIVITY DESCRIPTION	COMPLETED	ORGANIZATION	CEU'S	HOURS
ACTIVITI DESCRIPTION	COMILLILD	ORGANIZATION	CLU 5	поско
		TOTAL		

Verification: The above named activities and hours are verified to be accurate and valid and activity voucher must be included.

Signature: _____ Date: _____