

PIN (Provided by Personnel Office) \_\_\_\_\_

**EAST CLEVELAND CITY SCHOOL DISTRICT**

**PRE-APPROVAL OF CEUS**

**PLEASE PRINT OR TYPE**

Name \_\_\_\_\_ School/Office \_\_\_\_\_

**PROGRAM TITLE** \_\_\_\_\_

Program Offered by \_\_\_\_\_ Contact Person \_\_\_\_\_

No. of CEUs \_\_\_\_\_ Date(s) of Program \_\_\_\_\_  
*Beginning and Ending dates* (month / day / year)

Time and Location \_\_\_\_\_

**PROGRAM CONTENT** (Summarize and Attach Program Agenda)

**INTENDED LEARNING OUTCOME**

**INDICATE HOW THE KNOWLEDGE YOU WILL GAIN SUPPORTS YOUR PROFESSIONAL DEVELOPMENT IN TERMS OF THE NEEDS OF THE EDUCATOR, THE STUDENTS, SCHOOL AND SCHOOL DISTRICT.**

(FORM MUST BE SIGNED AND DATED)

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Falsification of any documentation will result in forfeiture of the applicable CEUs or Course Credit or application.**

Official Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Approved

\_\_\_\_\_ Not Approved

**SUBMIT THIS FORM TO THE PROFESSIONAL DEVELOPMENT COMMITTEE, C/O LPDC SECRETARY, EAST CLEVELAND CITY SCHOOLS BOARD OF EDUCATION, AT LEAST TWO (2) WEEKS BEFORE THE SCHEDULED LPDC MONTHLY MEETING.**

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**EAST CLEVELAND CITY SCHOOL DISTRICT**  
**PRE-APPROVAL OF COLLEGE COURSE WORK**

PLEASE PRINT OR TYPE

NAME \_\_\_\_\_ SCHOOL/OFFICE \_\_\_\_\_

COURSE TITLE \_\_\_\_\_ COURSE # \_\_\_\_\_

Last Degree Attained:

High School     Associate's     Bachelor's     Master's     Ph.D.     Other \_\_\_\_\_

University Offering Course \_\_\_\_\_ Department \_\_\_\_\_

No. of Credit Hours \_\_\_\_\_ Type (*circle one*) semester or quarter

Dates of Course \_\_\_\_\_ Time and Location \_\_\_\_\_

*Beginning and Ending dates* (month / day / year)

**Attachments are not accepted.**

**COURSE OBJECTIVES:**

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**RESPONSES TO THE FOLLOWING QUESTIONS MUST DIRECTLY CORRELATE TO THE CONTINUOUS IMPROVEMENT PLAN.**

- **DESCRIBE THE CIP GOAL WITHIN YOUR ANSWER, NUMBERS ALONE ARE NOT ACCEPTABLE.**
  - **ANSWERS NEED TO REFLECT THE KNOWLEDGE YOU WILL GAIN FROM THE COURSEWORK.**
- How will the knowledge you gain from the coursework benefit you as an educator?

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How will the knowledge you gain directly affect STUDENT ACHIEVEMENT? (Refer to CIP goals).

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How will the knowledge you gain be utilized to benefit your BUILDING? (Refer to CIP Goals).

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How will the knowledge you gain benefit the SCHOOL DISTRICT? (Refer to CIP Goals.)

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(FORM MUST BE SIGNED AND DATED)

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Official Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Approved

\_\_\_\_\_ Not Approved

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Form EC99-2 [Teal]

Rev. 6/19/06



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2. How does your planned course work relate to both the **Continuous Improvement Plan (CIP) of your building and the East Cleveland City School District's CIP? Be specific. Attachments are not accepted.**

- Check here if you plan to use the Independent Professional Development Activities option. If so, attach Application to Provide CEU Credits for Individual Professional Development Activities (EC99-7B[Lilac])

**NOTE:** You can check your CEUs on the Internet at [www.ode.ohio.gov/www/tc/teacher.html](http://www.ode.ohio.gov/www/tc/teacher.html). CEUs must be earned after the issue date on the certificate to be renewed.

(FORM MUST BE SIGNED AND DATED)

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Official Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ **Approved**

\_\_\_\_\_ **Not Approved**

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**EAST CLEVELAND CITY SCHOOL DISTRICT  
LOCAL PROFESSIONAL DEVELOPMENT COMMITTEE**

**NOTIFICATION OF COMPLETION  
FOR RENEWAL OF CERTIFICATION / LICENSE**

Please print or type

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Current Certification / License \_\_\_\_\_

Renewal Date \_\_\_\_\_

Present teaching assignment \_\_\_\_\_

I CERTIFY THAT I HAVE COMPLETED THE REQUIREMENTS OF MY IPDP. ALL VERIFICATION FORMS AND/OR DOCUMENTATION ARE ATTACHED AND SUBMITTED WITH THIS COMPLETED SHEET. PLEASE SEND ME THE RENEWAL APPLICATION FORM.

(FORM MUST BE SIGNED AND DATED)

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Official Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ **Approved**

\_\_\_\_\_ **Not Approved**

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**EAST CLEVELAND CITY SCHOOL DISTRICT  
APPLICATION TO PROVIDE CEU CREDITS  
FOR  
PROFESSIONAL DEVELOPMENT ACTIVITIES**

**PART I IDENTIFYING INFORMATION — SPONSOR**

\_\_\_\_\_  
Sponsor (Name, Building, or Agency)

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Position

\_\_\_\_\_  
Telephone

**PART II PROVIDER INFORMATION**

\_\_\_\_\_  
A. Presenter or Organization Providing/Conducting Activities

\_\_\_\_\_  
B. Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
C. Contact Person

\_\_\_\_\_  
Position

\_\_\_\_\_  
Telephone

**PART III PROGRAM INFORMATION**

\_\_\_\_\_  
D. Program Title

\_\_\_\_\_  
E. Number of Contact Hours

\_\_\_\_\_  
Number of Sessions

\_\_\_\_\_  
No. of CEUs

\_\_\_\_\_  
F. Dates

\_\_\_\_\_  
Session Days & Times

\_\_\_\_\_  
Target Audience

\_\_\_\_\_  
G. Where the program will be held

\_\_\_\_\_  
Maximum Number of Participants

\_\_\_\_\_  
H. Identify / describe the primary learning outcome for the activity. Be specific.

Date Finalized \_\_\_\_\_

I. Identify instructional techniques or strategies that will be used to obtain the intended learning outcomes.

J. Identify the assessment techniques or strategies that will be used to determine the achievement of the intended learning outcome. *(Attach a copy if applicable.)*

K. Description *(as it should appear in the program booklet).*

L. An evaluation summary and the names and social security numbers of those earning CEU credits through this activity will be forwarded to the East Cleveland City Schools Local Professional Development Committee within two weeks of the activity described above.

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

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Official Signature \_\_\_\_\_



PIN (Provided by Personnel Office \_\_\_\_\_)

**EAST CLEVELAND CITY SCHOOL DISTRICT**  
**APPLICATION TO PROVIDE CEU CREDITS FOR**  
**INDIVIDUAL PROFESSIONAL DEVELOPMENT ACTIVITIES**  
*(Use when an individual wants to request CEUs for an independent activity)*

Name \_\_\_\_\_ Building \_\_\_\_\_

Activity Title \_\_\_\_\_

Project Dates: Start \_\_\_\_\_ End \_\_\_\_\_

**Describe your proposed activity and procedures to be followed.**

**Estimated Number of Contact Hours** \_\_\_\_\_ **Number of CEUs Requested** \_\_\_\_\_

**After approval by LPDC, submit verification of completion:** Documentation must include a Professional Activities Log, having the signature of the sponsoring administrative representative or a completed product and/or summary report.

(FORM MUST BE SIGNED AND DATED)

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\_\_\_\_\_ **Approved**

\_\_\_\_\_ **Not Approved**

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