

YELLOW SPRINGS LPDC

EQUIVALENT ACIVITY PROPOSAL

(Note: You must submit a separate page for each proposed activity)

FOR YSLPDC USE ONLY

Date Processed: _____ Approved _____ Revision Needed _____ Denied: _____

YSLPDC Chair Signature: _____

Name: _____ **Date:** _____

Title of activity:

With which goal from your IPDP does this correspond? Goal/Letter # _____

Number of CEU's requested for participation upon completion of this activity.

Process. Describe the activity you are going to do.

Rationale. Explain the basis for choosing this activity.

Benefits. Describe the anticipated benefits to yourself, students, building, and/or district as a result of this activity.

Timeline: Provide a timeline for implementation/completion of the activity.

Collaboration. If this is a collaborative effort list all team members.

Applicant Signature: _____