

CARLISLE LOCAL PROFESSIONAL DEVELOPMENT COMMITTEE
COLLEGE COURSE/PROFESSIONAL ACTIVITIES PROPOSAL

Complete one proposal for each course or professional activity that you plan to attend.
This should be completed **PRIOR** to taking the class or completing the activity.

Name: _____ Date: _____

PLEASE COMPLETE ONE BOX BELOW!

* You may group professional activities that were similar in nature (i.e. early release days throughout the year that were focused on test data).

College Course Proposal	Professional Activity Proposal (Workshop/Presentation/In-service Hours)
Title of Course: _____	Name of Activity: _____
University or Institution: _____	Date(s) of Activity: _____
Date(s) of Course: _____	Contact Hours: _____
Semester Hours: _____	Activity Description: _____
OR	_____
Quarter Hours: _____	_____
Course Description: _____	_____
_____	_____

Professional Goal(s) to be attained:

Circle the number of the goal(s) that will be met from taking the class or completing the activity. Use the numbers from your LPDC plan.

1 2 3 4 5

LPDC Review Date: _____

APPROVED

REJECTED

LPDC INITIALS: _____

SENT NOTIFICATION