LPDC FORM 3

Activity Proposal Form

Chesapeake Union Exempted Village School District

Name _____ Date _____

✓ **I am seeking professional development credit through equivalent activity.**

Indicate the number of contact hours that you think this activity will entail (approximately) _____

1. **Process**: Describe the activity that you propose to complete. (Use back of this form if you need more room)
2. **Benefits**: Describe the anticipated benefits to yourself, students, building, and/or district as a result of this activity.
3. **Verification**: Complete the Activity Log (FORM 4)

I certify that the information provided in this proposal is true and accurate:

Teacher Signature _____

_____Approved by LPDC

Signature of LPDC Chair: _____ Date_____