

**Logan Elm Local Schools LPDC  
Equivalent Other Professional Development Activity  
Contact Hour Verification Form**

This form is to be used for professional activities other than those such as college classes, conferences, or workshops in which transcripts or contact hour documentation is provided. Some activities require prior approval. A separate form must be used for each activity.

**Name** \_\_\_\_\_ **Date(s) and Location** \_\_\_\_\_

**PD Title** \_\_\_\_\_ **Principal/Facilitator** \_\_\_\_\_

**Select the Type of Activity**

Attach a log of hours.

- Mentoring Resident Educators employed by Logan Elm Local Schools
- District/building leadership roles such as Building Leadership Team, LPDC, Curriculum, School Improvement, etc....

*Equivalent Other Professional Development Activity Prior Approval Form* required for the following **prior to** beginning the activity:

- Independent Study/Webinars/Action Research
- Other, not listed above: \_\_\_\_\_

**Brief Description**

**IPDP Goal(s) applicable to this PD**

**Professional learning increases educator effectiveness and results for all students. This activity supports which of the following Ohio Standard(s) for Professional Development:**

- 1: Learning Communities - occurring within learning communities
- 2: Leadership – skilled teacher leaders/administrators creating support systems for professional learning
- 3: Resources – prioritizing, monitoring and coordinating resources for educator learning
- 4: Data – using a variety of sources to plan, access and evaluate professional learning
- 5: Learning Designs – integrating theories, research, and models of human learning
- 6: Implementation – applying research on change and sustains support for implementation
- 7: Outcomes – aligning outcomes with educator performance and student curriculum standards

For more information on the PD standards, go to:

<http://education.ohio.gov/Topics/Teaching/Professional-Development>

Participant Signature \_\_\_\_\_

Date \_\_\_\_\_

# of Contact Hours \_\_\_\_\_

**Logan Elm Local Schools LPDC  
Equivalent Other Professional Development Activity Prior Approval Form**

**Educator Name** \_\_\_\_\_

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

**Date and Time** \_\_\_\_\_

**URL or address and phone number of PD provider**

**Hosting Organization/Individual Credentials**

Provide the name of the host, including names and credentials of presenters, if known.

**Goals and Objectives of the Activity**

**What is required of the participant?**

e.g watching a webinar, interacting online, collecting data, reflecting on journal articles

**Number of Contact Hours Anticipated** \_\_\_\_\_

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date Submitted

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Approved  
 Not approved for the following reason: \_\_\_\_\_

\_\_\_\_\_  
LPDC Signature

\_\_\_\_\_  
Date Approved