

ASHTABULA COUNTY LPDC

Equivalent Other Activity Approval Request Form

Attach this form as a cover to: (1) a copy of your approved IPDP, and (2) the Certificate of Attendance verifying completed contact hours, or (3) supporting documentation verifying the completion of an approved "Equivalent Other Activity".

Name _____

District _____ Building _____

Assignment _____ Date Submitted to LPDC _____

IPDP Goal(s) _____ Title of Activity _____

Activity Agent _____ Activity Date(s) _____ Contact Hours _____

1. Explain how this EOA activity helped fulfill the goals in your IPDP.
2. What outcomes were achieved?
3. What new strategies, theories, and/or skills did you learn?
4. How did this activity impact the word of the district, building, and/or office?
5. If a workshop was involved, submit a verification of your attendance.
6. Provide evidence that you have completed the learning activity (i.e., portfolio, journal, policy, assessments, annotated bibliographies, evaluation plan, comments from supervisors, peers, and/or internal/external customers).

Signed by Educator _____ LPDC Signature _____

Contact Hours Approved _____ Date _____