

**Design Your Own-
Equivalent Professional Development Activity Proposal**

Name _____ Date submitted _____

Identify the specific Ohio Standards for the Teaching Profession that your proposal will address. Refer to Standards' description on page 3 of this Handbook.

Standard 1 ___ Standard 2 ___ Standard 3 ___ Standard 4 ___ Standard 5 ___ Standard 6 ___ Standard 7 ___

Process: Describe the activity you are going to do:

Rationale: Explain the basis for choosing this activity (Include class, building, and district data that supports need)

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

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Assessment: Describe how the impact of this activity will be assessed and identify the persons responsible for the completion of this activity.

Dissemination: If the benefits of this activity can be shared with other staff or community members, describe how and with whom you plan to share it.

Timeline: Provide an estimation of the amount of time and a timeline for implementation/completion of this activity.

I verify that the information provided in this activity proposal is true and accurate to the best of my knowledge and I will carry out the planned activities to the full extent as described above.

Signature of Applicant _____ / ____ / ____ Number of Contact Hours Requested* _____

*Up to 20 hours per renewal unless committee determines additional hours may be approved.

Pre-approval _____ / ____ / ____ Post approval _____ / ____ / ____
LPDC Chairperson's signature LPDC Chairperson's signature

Not approved _____ / ____ / ____ Comments:
LPDC Chairperson's signature