

Coventry Local Schools
Equivalent Professional Development Activity Proposal

Name: _____ Building: _____ Date: _____

Activity Title: _____ **Anticipated CEUs:** _____

Process: Describe the activity you are going to do.

Rationale: Explain the basis for choosing the activity.

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

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 estimate of the amount of time and a timeline for implementation/completion of this activity.

Collaboration: If this is a collaborative effort, list all the team members and their expected roles and responsibilities.

I verify that the information in this activity proposal is true and accurate to the best of my knowledge.

Signature of Applicant

Date

The Coventry Local Schools Local Professional Development Committee may award up to _____ CEUs.

Signature of LPDC Chair

Date