

*Form D*  
**SOUTHWEST LOCAL SCHOOL DISTRICT**  
**CONTINUING EDUCATION REPORT**  
**PRE-APPROVAL OF CONTINUING EDUCATION ACTIVITY**  
**(CEU)**

**REMINDER: Paperwork for CEU approval MUST be received by the District Office before the class/workshop BEGINS!**

Do you have a PDP on file?     YES             NO

Name \_\_\_\_\_ School/Office \_\_\_\_\_

CONTINUING EDUCATION ACTIVITY: \_\_\_\_\_

Date of Activity \_\_\_\_\_ Length of Activity \_\_\_\_\_

**ACTIVITY OBJECTIVES:**

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**EVALUATION TOOLS:**

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**INDICATE HOW THIS ACTIVITY SUPPORTS YOUR PROFESSIONAL DEVELOPMENT PLAN**

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**INDICATE HOW THIS ACTIVITY RELATES TO BUILDING OR DISTRICT GOALS**

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**INDICATE HOW THIS ACTIVITY ENHANCES YOUR PROFESSIONAL GROWTH**

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**INDICATE HOW THIS ACTIVITY WILL IMPACT STUDENT LEARNING**

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Name \_\_\_\_\_ School/Office \_\_\_\_\_

CONTINUING EDUCATION ACTIVITY: \_\_\_\_\_

**DOCUMENTATION OF ACTIVITY TIME**

Please briefly describe specific activities to be completed in each area and the anticipated time each will take to complete. State the product you will submit to document completion of the activity.

Readings (briefly describe) \_\_\_\_\_ hours

Activities (briefly describe) \_\_\_\_\_ hours

Research (briefly describe) \_\_\_\_\_ hours

Journal/Diary (briefly describe) \_\_\_\_\_ hours

Implementation Activity (briefly describe) \_\_\_\_\_ hours

Other (briefly describe) \_\_\_\_\_ hours

TOTAL HOURS TO BE SPENT ON ACTIVITY \_\_\_\_\_ hours

I request _____ CEUs, in return for _____ hours engaged in this activity (10 hours = 1 CEU)	
Educator's Signature _____	Date _____
Date of Meeting _____	___ APPROVED ___ NOT APPROVED

Date that this form was received by the District Office: \_\_\_\_\_

