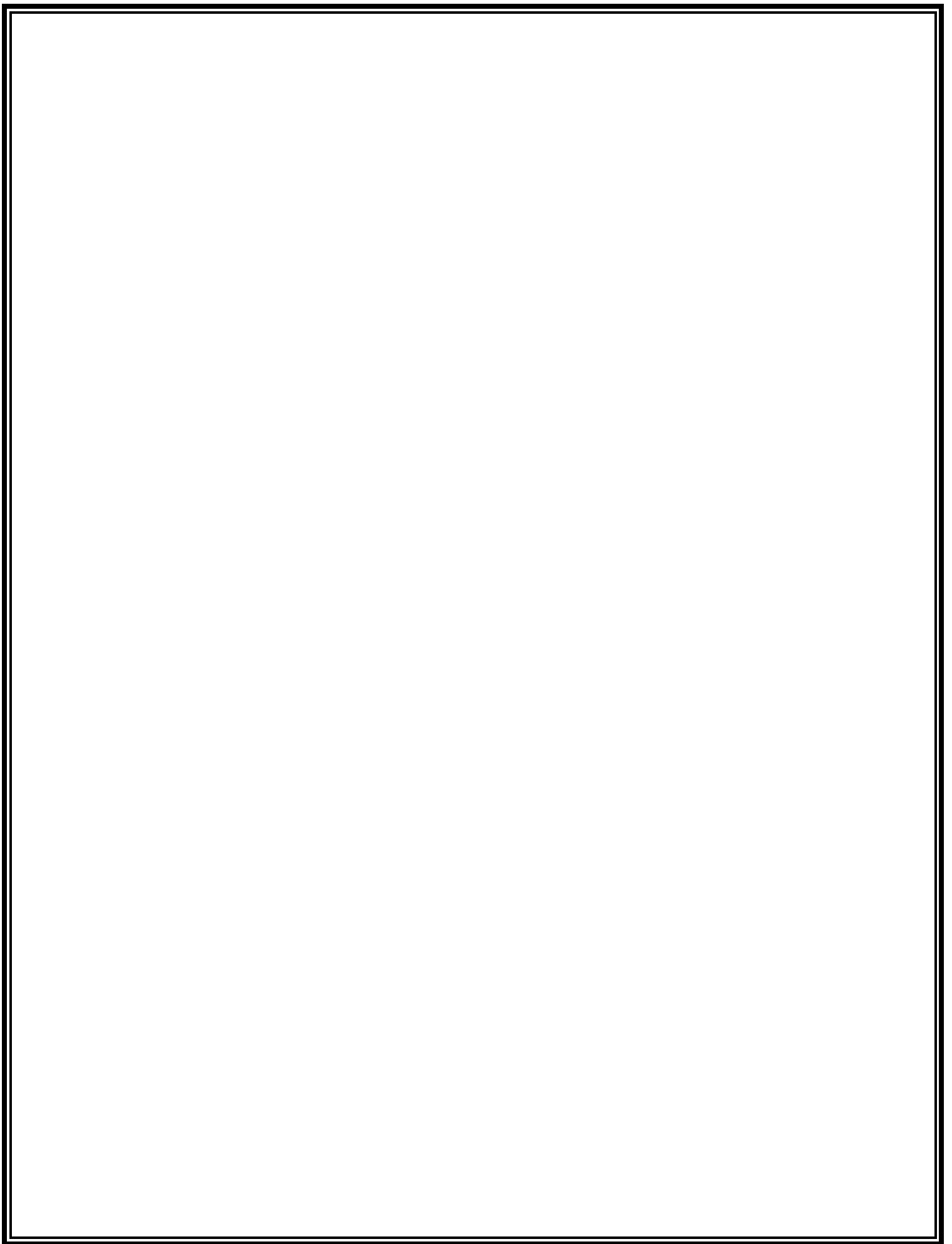


# Madison Local School District

## LPDC FORMS

<b>Form</b>	<b>Detail</b>
<b>Application to LPDC for Pre-Approval of "Other Approved Activities" for CEU credit.</b>	To be completed by certified employees when he/she requests a non-programmed activity be submitted for CEU credit.
<b>LPDC Appeal Form</b>	To be completed by certified employee when the LPDC has rejected his/her request for IPDP approval or CEU credit approval, and certified employee wishes to appeal.
<b>Activity Documentation</b>	Sign-in sheet to be used by a person, group, or organization providing a professional activity in which CEUs will be offered to participants. This sign-in sheet should be forwarded to the LPDC for issuance of CEUs.
<b>Request for Transfer</b>	All new employed certified employees who have previously developed an IPDP in another/previous school district and/or received CEUs from another/previous LPDC must submit a request for transfer of his/her IPDP and CEUs approved from the previous LPDC/school district. The request for transfer from must be accompanied with a valid copy of his/her current IPDP, and valid copies of other documentation of earned CEUs from the previous LPDC/school district.
<b>Request for verification for Teachers Leaving the Madison School District</b>	To enable a certified employee needs to carry over their CEUs and IPDP activity when leaving the Madison Local School District and becomes employed by another school district in Ohio.
<b>Student Teacher/Field Experience Form</b>	To be completed to receive CEU credit when a certified employee hosts a student teacher or a college student completing a field experience.
<b>Alternative Licensure Submission</b>	Option to renew license for "consistently high performing teachers" in response to HB64.







# Madison Local School District

## Other Approved Activities – Proposal

Only complete this section if you are requesting CEU credit for “Other Approved Activities”. Use one page only per each project. Copy this page as necessary.

A. Outline your proposed project and procedures.

B. Documentation must include verification of completion of activities as outlined above. What are your indicators of completion/success?

C. I am requesting \_\_\_\_\_ CEU units for the project outlined above. Rationale for this request:

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date

**LPDC Review**

**Date Reviewed** \_\_\_\_\_

**Approved** \_\_\_\_\_

**Not Approved** \_\_\_\_\_

**LPDC Chairperson** \_\_\_\_\_



# Madison Local School District

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

## Request for Transfer of IPDP and CEUs from another school district, to Madison Local Schools

Madison Local School District  
Local Professional Development Committee

Name \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Teaching Assignment \_\_\_\_\_

I am requesting the transfer of my current Individual Professional Development Plan (IPDP) and CEUs previously approved from the following LPDC/School District:

School District \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Please attach a current copy of your IPDP for review. Please attach any CEU certificates/copies previously earned for review. Only official documentation issued from your previous LPDC will be considered for review and approval. Please submit one form for each previous LPDC you are requesting document transfer from.

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For LPDC use only

\_\_\_\_\_ IPDP reviewed and approved

\_\_\_\_\_ IPDP reviewed – not approved

\_\_\_\_\_ CEUs reviewed and approved

\_\_\_\_\_ CEUs reviewed – not approved

Reason (s) for disapproval:

LPDC Chairman \_\_\_\_\_

Date \_\_\_\_\_

# Madison Local School District

To: Madison Local Schools Professional Development Committee:

\_\_\_\_\_ has mentored a college student from:

\_\_\_\_\_ University

\_\_\_\_\_ Date(s)

**Please circle the grading period below:**

Fall Semester    Winter Semester                      Fall Quarter    Winter Quarter                      Spring Quarter

**Student's Name** \_\_\_\_\_

**Course Number** \_\_\_\_\_

Student Teaching or Field Experience (circle)

Duration of Course (number of weeks) \_\_\_\_\_

**University Advisor** \_\_\_\_\_

\_\_\_\_\_ **CEU Value** (see bottom of form)

\_\_\_\_\_  
Principal Signature

**Verification** (Need one of the following)

1. Documentation from cooperating institution/supervisor
2. Signature from building principal

Cooperating Teacher	Maximum CEUs	CEU Value
<b>Student Teaching</b>	2.25 CEUs per semester 1.50 CEUs per quarter	1 Hour of activity=.1 CEU 10 Hours of activity=1CEU
<b>Field Experience (per student)</b>	.75 CEUs per semester .5 CEUs per quarter (OSU)	