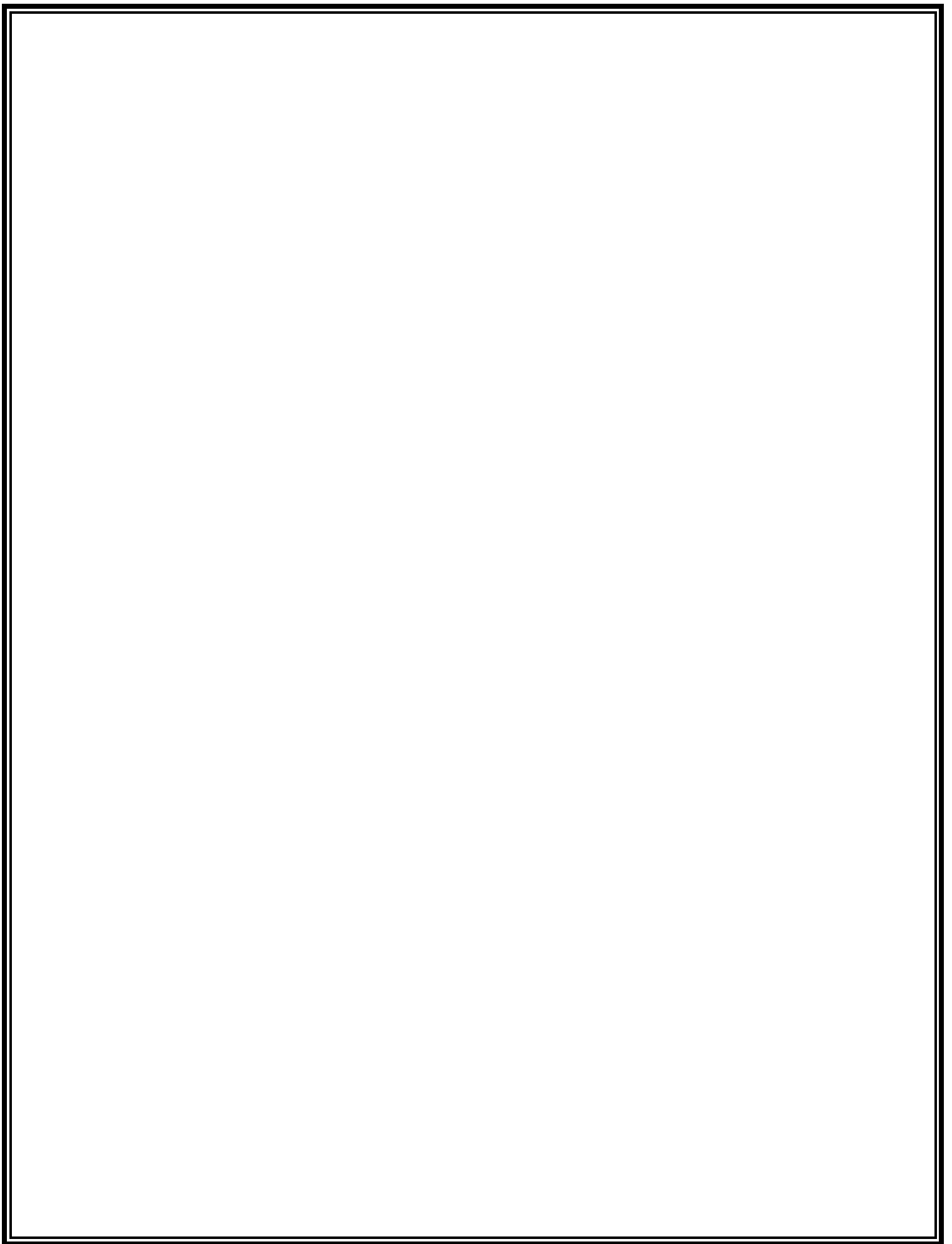


Madison Local School District

LPDC FORMS

Form	Detail
Application to LPDC for Pre-Approval of "Other Approved Activities" for CEU credit.	To be completed by certified employees when he/she requests a non-programmed activity be submitted for CEU credit.
LPDC Appeal Form	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.
Activity Documentation	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.
Request for Transfer	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.
Request for verification for Teachers Leaving the Madison School District	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.
Student Teacher/Field Experience Form	To be completed to receive CEU credit when a certified employee hosts a student teacher or a college student completing a field experience.
Alternative Licensure Submission	Option to renew license for "consistently high performing teachers" in response to HB64.



Madison Local School District

Application to LPDC for Approval of CEU Units ACTIVITY DOCUMENTATION

Program/Activity

Contact Person of Program/Activity

Provider/Sponsor

Date(s) of Program/Activity

Print Name – PLEASE PRINT LEGIBLY!!

NAME

SCHOOL

CONTACT HOURS

<u>NAME</u>	<u>SCHOOL</u>	<u>CONTACT HOURS</u>

Madison Local School District

LPDC Appeal Form

Name _____ Date _____

School _____ Teaching Assignment _____

I am requesting an appeal for: _____ IPDP Approval _____ CEU Approval _____ Other

Please describe your position/appeal:

Decision of the LPDC:

For the LPDC Committee _____ Date _____

Decision of the LPDC Appeal Board:

For the LPDC Appeal Board _____ Date _____

LPDC Appeal Form

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 _____

Approval Verification Form for Educators Leaving an Ohio Local Professional Development Committee (LPDC)

The following educator had an approved Individual Professional Development Plan (IPDP):

_____ Educator State ID _____ Birthdate _____
Name of Educator (print)

I verify the educator has completed the following from _____ to _____.
Date Date

_____ college/university **semester** hours

_____ college/university **quarter** hours

_____ LPDC approved professional development activities (CEUs)

_____ LPDC approved contact hours

_____ LPDC Coordinator/Designee Signature _____ Date

Please print:

Name of Authorized Signer _____

Name of School/District _____

LPDC IRN _____

Name of LPDC _____

LPDC Chairperson _____

Chairperson phone number _____

Chairperson email address _____

Please **UPLOAD** this completed form through your SAFE account. Go to ODE.CORE > My Educator Profile > My Documents to upload this form.

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.

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
Student Teaching	2.25 CEUs per semester 1.50 CEUs per quarter	1 Hour of activity=.1 CEU 10 Hours of activity=1CEU
Field Experience (per student)	.75 CEUs per semester .5 CEUs per quarter (OSU)	

Verification Form for Consistently High Performing Teachers

Teachers who meet the State Board of Education definition of consistently high-performing teacher as outlined below are exempt from the requirement to complete any additional coursework or continuing education units for the next renewal cycle of their professional educator license.

Name:	State ID:
Submission Date:	
Building/Assignment:	
Type of Certificate/License:	
Issue Date:	
Expiration Date:	

Initial Eligibility Requirements:

Must meet both of the following criteria:

- Hold at least a five-year professional teaching license; AND
- Receive the highest final summative rating on evaluations, as defined by Revised Code sections 3319.111 and 3319.112 where applicable, for at least four of the past five years during the current licensure cycle; AND

School Year	1 st	2 nd	3 rd	4 th	5 th
Final Summative Rating					

Final Eligibility Requirements:

Must also meet at least one of the following additional criteria for at least three of the last five years during the current licensure cycle:

- Hold a valid Senior or Lead Professional Educator License;
- Hold a locally recognized teacher leadership role that enhances educational practices by providing professional learning experiences at district, regional, state or higher education level;
- Served in a leadership role for a national or state professional academic education organization;
- Served on a state-level committee supporting education; or
- Received state or national educational recognition or award.

Certification that the eligibility criteria have been met:

Superintendent or Designee Signature _____ Date _____