

Minford Local School District

Name _____

School Building _____

ACTIVITY VERIFICATION FORM

Activity _____

Where _____

Date(s) & Time(s) _____

Short Summary/Description of Activity _____

How does this activity apply to your current position/type of certification/licensure and how does it fit your IPDP goals, into your district's and/or building's goals and objectives for teaching and learning? _____

How will you incorporate the knowledge/information gained from this activity into your own daily practice? _____

Approval _____
(If Applicable)

Date _____

Approved for _____ CEU's

Group _____ Activity

Does Not Meet Criteria as listed on the Professional Activity Grid. Please contact your building LPDC

Representative _____
Name