

IPDP Approved
Date _____



LPDC Preapproval of Equivalent Other Activity (EOA)

All EOA work must clearly relate to the Individual Professional Development Plan (IPDP) on file.

Name _____

Present Assignment _____ Building _____

Name of Equivalent Other Activity (from EOA options): _____

Date(s) of Activity _____ Contact Hours _____

Activity Objectives: _____

Complete the following. Please type or print legibly.

1. This activity supports my IPDP by _____

2. This activity relates to building or district goals by _____

3. This activity enhances my professional growth by _____

4. This activity will impact student learning by _____

Educator's Signature

Date

To be completed by LPDC only

Check one: APPROVED for _____ EOA contact hours for _____ CEUs NOT APPROVED

LPDC Verifying Signature

Date

Comments: