

**JEFFERSON COUNTY EDUCATIONAL SERVICE CENTER CONSORTIUM  
LOCAL PROFESSIONAL DEVELOPMENT PLAN**

**EQUIVALENT OTHER ACTIVITY (EOA) DOCUMENTATION VOUCHER  
Teachers**

Name \_\_\_\_\_

EOA Option \_\_\_\_\_ Number of CEUs \_\_\_\_\_

Please check (✓) the area of professional development to related to this EOA.

**Standard 1: Learning Communities**

**Standard 2: Leadership**

**Standard 3: Resources**

**Standard 4: Data**

**Standard 5: Learning Designs**

**Standard 6: Implementation**

**Standard 7: Outcomes**

From your **IPDP**, copy the applicable Standard. \_\_\_\_\_  
\_\_\_\_\_

Write a brief description of the EOA and how it helped you to grow professionally;  
include date(s) when activity or portions of the activity was/were performed.

The signature(s) below verify that this report describes the EOA performed in partial fulfillment of my **Individual Professional Development Plan (IPDP)**.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

Attach any publications, copies of certificates, agendas, etc. that could be used for verification or include a signature of verification.

\_\_\_\_\_  
Verification Signature

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date