

Pre-Approval of Equivalent Activity Form

***Please note that all work must be clearly related to the certificate/license being renewed and the Individual Professional Development Plan (IPDP) on file.**

Name

Date Submitted

Building

Present Position

Project Name

Type of Activity

**Expected Number of Hours Required to Complete Project (PDUs)
(Documentation of Time Spent on Project Must Be Submitted with the Evaluation Form)**

Expected Date of Completion

Description of Project

Describe how this activity supports your IPDP.

Describe the rationale or basis for choosing this activity.

Describe the anticipated benefits to yourself, students, building, and/or district.

Describe how the impact of this activity will be assessed.

If this is a collaborative effort, list all team members and their expected roles and responsibilities.

If a mentor is to be involved in this activity, describe his/her role.

Signature of Applicant

Approved By

Date of Approval