

Evaluation of Equivalent Activity Form

Name

Date Submitted

Building

Present Position

Name of Activity

Discuss the highlights of this project and any changes or modifications to the original proposal.

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

Documentation of Project Completion must be submitted along with documentation of hours spent on project. Please check the one that applies.

Copy of Project

Copy of Logs/Journals detailing activities and experiences.

Copy of Final Product

Other:

PDU's requested

Signature of Applicant

Approved By

Date of Approval

PDU's Granted