

# VERMILION LOCAL SCHOOLS

## Professional Development Preapproval Form (To be submitted *prior* to engaging in PD)

Name:	IPDP Approval Date:
Teaching/Work Assignment:	
District and Building/School Name:	
Date(s) of Professional Development:	
Location of Professional Development:	
Title of Professional Development (Specify):	
Type -- Select one or more as appropriate: <input type="checkbox"/> College/university course (attach course syllabus) <input type="checkbox"/> Ongoing series of workshop sessions (attach workshop flyer) <input type="checkbox"/> Conference (attach conference flyer) <input type="checkbox"/> Single workshop (attach workshop flyer) <input type="checkbox"/> Professional Learning Team/Community Involvement <input type="checkbox"/> Independent study/action research <input type="checkbox"/> Professional educational organization activities (attach flyer) <input type="checkbox"/> Other, not listed above: (Specify)	
Description of PD	
IPDP Goal(s) applicable to this PD	
Signature of Applicant:	Date:

**DO NOT MARK BELOW THIS LINE \*\*\* FOR LPDC USE ONLY**

Revise/Resubmit

Revision Advice:

Approved as written

Approval Signature:

Date: