

## FORM 4 – Activity Proposal Form for Group 3 and 4 Activities

Southern Ohio ESC/Region 14 – Hopewell Center

**Prior LPDC approval is required for all Group 3 & 4 Activities**

Name: \_\_\_\_\_ Certificate/License #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Current Assignment: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ License Renewal Date: \_\_\_\_\_

Date(s) of Professional Development: \_\_\_\_\_

Location of Professional Development: \_\_\_\_\_

Title of Professional Development (Please specify): \_\_\_\_\_

---

**Number of Clock Hours You are Requesting of Professional Development: \_\_\_\_\_ clock hours**

**(Please refer to pages 16-17 in LPDC Handbook for hours.)**

**Please use the site <http://www.calvin.edu/library/knightcite/>  
to print article citation. Attach article citation to this form before submitting.**

**TYPE – Select one or more as appropriate.**

- Professional Learning Team/Community Involvement
- Independent study/action research
- Professional educational organization activities
- District leadership team, LPDC, curriculum development, school improvement
- Coaching/mentoring student teachers, new teachers or teachers in need
- Mentoring/Entry Year Program
- Curriculum Development
- Professional Development
- Grant Writing
- Publication
- Peer Review & Assistance
- National Board of Professional Teaching Standards
- Lead/Master Teacher
- Professional Vocational Board Certification
- Cooperating Teacher for a Student Teacher
- Peer Observation
- Cooperating Teacher for a Practicum Teacher
- Teaching a College Course
- Professional Presentation
- Educational Project
- Self-Directed Educational Development
- Externship
- Podcasting
- Other, not listed above: (Specify) \_\_\_\_\_

## FORM 4 – Activity Proposal Form for Group 3 and 4 Activities

1. **PROCESS:** Describe the activity that you plan to complete.
2. **RATIONALE:** Explain the basis for selecting this activity.
3. **BENEFITS:** Describe the anticipated benefits to yourself, students, and the district as a result of this activity.
4. **ASSESSMENT:** Describe how the impact of this activity will be assessed, and identify the person(s) responsible for the completion of this assessment.
5. **DISSEMINATION:** If the benefits of the activity can be shared with other staff or community members, describe how and with whom you plan to share.
6. **TIMELINE & AGENDA:** Provide a timeline for the planning, implementation, and assessment phases of this activity. If a printed agenda is available, please provide a copy of the agenda with this proposal.



**FORM 4a – Evaluation/Summary of Professional Development Activity**

Southern Ohio ESC/Region 14 – Hopewell Center  
Evaluation/Summary of Professional Development Activity (FORM 4a)

**Name:** \_\_\_\_\_

**Evaluation/Summary (FORM 4a)**

Complete a brief summary of 200 words or less of what you learned from this professional development activity. How have you benefitted from this professional development? *Submit your completed form to your supervisor for approval. Submit form with supervisors' signature to LPDC committee for final approval.*

**Number of Hours Completed:** \_\_\_\_\_ clock hours

**Date of Completion:** \_\_\_\_\_

\_\_\_\_\_  
**Supervisor's Signature**

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

---

**Revise and Resubmit:** \_\_\_\_\_

**Revision Advice:**

**– OR –**

**Approved as Written:** \_\_\_\_\_

\_\_\_\_\_  
**LPDC Chairperson's Signature**

\_\_\_\_\_  
**Date**