Gibsonburg Exempted Village Schools

Name:	**IPDP Approval Date:**
Teaching/Work Assignment:	
District & Building/School Name:	
Date(s) of Professional Development:	
University or Provider of PD:	
Title of Class or Professional Development: (Specify)	
Type Select one or more as appropriate. □ College/university course □ Workshops / Conferences □ Other activities	
Description of PD	
IPDP Goals / Standards applicable to this PD □ Goal 1 □ Goal 2 □ Goal 3 □ Standard 1 - Students □ Standard 2 - Content □ Standard 3 – Assessment □ Standard 4 - Instruction □ Standard 5 – Learning Environment □ Standard 6 – Collaboration and Communication	

Preapproval Form: To be submitted *prior to* engaging in PD.

Number of contact hours:	**Number of College/University Credits:**

Signature of applicant _____
Date_____

Revised 5/2020

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Pre-approval Signature_____
Date_____

Final approval Signature_____
Date_____
Upon verification of completion.