☐ Original ☐ Revision Form - E – PA

FAIRFIELD COUNTY EDUCATIONAL SERVICE CENTER
EVALUATION FOR OTHER PROFESSIONAL ACTIVITIES

Submit 2 copies. Please print legibly or type all information. **Activity Verification Log (AVL) and Activity Verification Form (AVF) must be attached**.

Name ______________________________ Building ____________________

Date of Completion ____

Activity ____

Contact Hours Obtained ____

Write the letter corresponding to the IPDP Obj. which is supported by this activity. _____

Summarize Activities Completed:

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Signature of Employee ____

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LPDC USE:

Reviewed by ______________________________ Date ____________________

_____ Approved for _____ CEU's _____ Not Approved

Comments: ____

☐ Additional information needed. See highlighted areas and resubmit.