

FAIRFIELD COUNTY EDUCATIONAL SERVICE CENTER PREAPPROVAL FOR OTHER PROFESSIONAL ACTIVITIES

Attach documentation that will support your proposal. Submit 2 copies. Please print legibly or type all information.

Name _____ Building _____

Date Submitted _____ Expected Date of Completion _____

Activity (See Activity Guidelines Pg. 22) _____

Contact Hours Requested _____

Dates, Time and Location _____

Identify any individual(s) with whom you will work, collaborate, consult, etc.

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

1. Proposal: Describe the activity you are proposing and how it aligns with student, educator, building, and district goals.

2. Discuss the time involved for this activity.

3. Budget: Discuss any impact on school budget if applicable.

Signature _____ Date _____

LPDC USE:

Reviewed by _____ Date _____

____ APPROVED FOR ____ CEU'S ____ NOT APPROVED

Additional information needed — See highlighted areas and resubmit