

**FAIRFIELD COUNTY EDUCATIONAL SERVICE CENTER
PREAPPROVAL OF WORKSHOP/CONFERENCE**

Submit 2 copies. Please print legibly or type all information.

Name _____ Building _____

Workshop/Conference Title _____

Dates of Workshop/Conference _____

Presented/Sponsored by _____

Time and Location _____

Contact Hours Requested _____

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

Describe how this workshop/conference aligns with student, educator, building, and district goals.

Employee's Signature _____ Date _____

LPDC USE:

Reviewed by _____ Date _____

____ APPROVED for ____ CEU's ____ NOT APPROVED

COMMENTS

Additional information needed — See highlighted areas.