

LCMS – Kansas District Request for Professional Development Education Points Knowledge Level Points
--

Name			
School:		Location:	

Date(s) of Activity	From:		To:	
----------------------------	--------------	--	------------	--

Date Validation Submitted to Principal	
---	--

Type of Activity (check one)		
<input type="checkbox"/> In-District	<input type="checkbox"/> Out-of-District	<input type="checkbox"/> Self-Directed

Clock Time (number of hours to the nearest ¼ hour)

Title of Conference, Seminar or Workshop

Title of Activity or Presentation

What do I know now that I did not know before?

Employee Signature Verifying Accuracy of Above Information

(For approval, this form must be submitted to the principal in the school year the activity occurred. Maintain a copy for your records.)

Principal's Signature Indicating Approval