

**LCMS – Kansas District**  
**Request for Professional Development Education Points**  
 Application Level Points

<b>Name</b>	
<b>School/Location</b>	

<b>Date(s) of Related Knowledge Activity (from IPDP)</b>	
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<b>Level 1 Knowledge Activity Number (from IPDP)</b>	
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<b>How many knowledge points would you like to apply for?</b>	
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**Check and complete below the information for your activity:  
 (PLEASE USE ONE FORM FOR EACH ACTIVITY)**

<b>Application</b> (2x knowledge points) <b>What am I doing now that I wasn't doing before?</b>		
<b>Activity Title</b>	<b>Mark One</b>	<b># Points Requested</b>
<b>Implementing Teaching Strategies</b> (Describe what you have done in your classroom. You must have completed activities relating to your goal for AT LEAST one quarter in order to apply for application points.)		
<b>Other</b> (Describe why you think you should be rewarded application points).		
<b>Signature of Applicant</b>		
<b>Signature of Principal's Approval (Observation Required)</b>		