LPDC Professional Development Contact Hours
DOCUMENTATION FOR ODE

Directions: Copy, complete, share with your principal (for initials), then bring to LPDC for approval, as needed.

Name: _____ School: _____

Date	Description of PD (TBT, BLT, Literacy Collaborative, etc…)	Sign In (time)	Sign Out (time)	TOTAL AMT of TIME (by ¼ hrs--ex: 2hrs 15 min)	Initials of Principal

I assure the ODE and local LPDC that the information I provided in this document is accurate.
Signature: _____ Date: _____

FOR LPDC USE ONLY: Total Hours Approved: _____ CEUs (total hrs X 0.1) _____ Signature of LPDC Chair: _____ Date: _____