

BLOOM-CARROLL LOCAL SCHOOL DISTRICT

Conference/Seminar/Workshop Approval Form

(for CEU's)

Name: _____ Building: _____

Conference/Seminar/Workshop

Conference/Seminar/Workshop Provider: _____

Title of Conference/Seminar/Workshop: _____

Dates of Conference/Seminar/Workshop: _____

Number of Contact Hours for the Conference/Seminar/Workshop: _____

Conference/Seminar/Workshop aligns with standard # _____, a goal on my IPDP.

Rationale for your selection and objectives of this Conference/Seminar/Workshop:

Employee signature: _____ Date: _____

This workshop correlates with your IPDP and is: Approved NOT Approved

LPDC Presiding Officer: _____ Date: _____

Reasoning if NOT approved:

**CERTIFICATE OF COMPLETION OF THE CONFERENCE/SEMINAR/WORKSHOP
MUST ACCOMPANY THIS FORM OR IT WILL NOT BE PROCESSED**