

**PERRY LOCAL SCHOOLS CONSORTIUM
L.P.D.C.
ACTIVITY DOCUMENTATION VOUCHER**

Name: _____

Activity (be specific): _____

Date: _____ Location: _____ Start Time: _____ Stop Time: _____

Clock Hours: _____ CEU's: _____ Person Coordinating Activity: _____

Please Check (✓) the area of professional development to which this activity applies:

- | | |
|---|--|
| <input type="checkbox"/> Teaching Style Related to Student Learning | <input type="checkbox"/> Reflective Practice |
| <input type="checkbox"/> Content Area and Teaching Methods | <input type="checkbox"/> Teacher Professionalism |
| <input type="checkbox"/> Classroom Management and Assessment | |

From you IPDP, copy the applicable goal: _____

*Write a brief description of the activity and how it helped you to grow professionally.
Include date(s) when activity or portions of the activity was/were performed.*

The signature(s) below verify that this report describes the activities performed in partial fulfillment of my Individual Professional Development Plan.

<p>“For Office Use Only”</p> <p>Date Received: _____</p> <p>Reviewed by Committee: _____</p>	<table border="0" style="width: 100%;"><tr><td style="width: 60%; text-align: center;">_____ Signature of Teacher</td><td style="width: 40%; text-align: center;">_____ Date</td></tr><tr><td colspan="2" style="text-align: center;">Attach any publications, copies of certificates, agendas, etc. that could be used for verification or include a signature of verification.</td></tr><tr><td style="text-align: center;">_____ Verification Signature/Position</td><td style="text-align: center;">_____ Date</td></tr></table>	_____ Signature of Teacher	_____ Date	Attach any publications, copies of certificates, agendas, etc. that could be used for verification or include a signature of verification.		_____ Verification Signature/Position	_____ Date
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