

Form to be completed
and submitted by
educator to LPDC.

**PERRY LOCAL SCHOOLS
PROFESSIONAL ACTIVITY LOG**

Name: _____ Building/Office: _____

School Year: _____ Date Submitted to LPDC: _____

ACTIVITY DESCRIPTION	DATE(S) COMPLETED	SPONSORING PERSON OR ORGANIZATION	CEU'S	SEMESTER HOURS
TOTAL				

Verification: The above named activities and hours are verified to be accurate and valid and activity voucher must be included.

Signature: _____ Date: _____