

Form C  
SOUTHWEST LOCAL SCHOOL DISTRICT  
CONTINUING EDUCATION REPORT  
PRE-APPROVAL OF CONTINUING EDUCATION UNITS FOR WORKSHOPS

**REMINDER:** Paperwork for CEU approval MUST be received by the District Office before the class/workshop BEGINS!

Do you have a PDP on file?                    \_\_\_ YES                    \_\_\_ NO

Name \_\_\_\_\_ School/Office \_\_\_\_\_

PROGRAM TITLE \_\_\_\_\_

Program offered by \_\_\_\_\_ Contact Person \_\_\_\_\_

Number of CEU's \_\_\_\_\_ (1 contact hour = .10 CEU)    Date(s) of Program \_\_\_\_\_

Time and Location \_\_\_\_\_

PROGRAM CONTENT (attach agenda)

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INTENDED LEARNING OUTCOME

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INDICATE HOW THIS PROGRAM SUPPORTS YOUR PROFESSIONAL DEVELOPMENT PLAN

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Educator's Signature _____	Date _____
Date of Meeting _____	___ APPROVED                    ___ NOT APPROVED

Date that this form was received by District Office:
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