



Diocese of Steubenville

Form C

Certificate of Completion/Request for CEU Credit

Directions: Complete Form C for all Professional Development or LPDC Approved EOAs. Be sure to obtain pre-approval from the building administrator, if required. Complete Part II of Form C after the PD or EOA experience.

Name:
Teaching/Work Assignment:
Building/School Name:
Date(s) of Professional Development:
Location of Professional Development:
Type: Select one or more as appropriate. <ul style="list-style-type: none"><input type="checkbox"/> College/university course<input type="checkbox"/> Diocesan/School sponsored activity<input type="checkbox"/> Ongoing series of workshop sessions/planned activities<input type="checkbox"/> Conference/single workshop<input type="checkbox"/> School self-study/accreditation Team<input type="checkbox"/> Professional reading group<input type="checkbox"/> Independent study/action research<input type="checkbox"/> Curriculum development, school improvement<input type="checkbox"/> Professional educational organization activities (LPDC, DCPT, NCEA, NCCL, OCSAA, OCEA)<input type="checkbox"/> Peer observation<input type="checkbox"/> Coaching/mentoring student teachers, new teachers or teachers in need<input type="checkbox"/> Other, not listed above: _____
Title/Brief Description of PD/EOA Activity:
IPDP Goal(s) applicable to this PD/EOA (Check each goal that activity addresses) <input type="checkbox"/> Goal #1 (Catholic Identity) <input type="checkbox"/> Goal #2 <input type="checkbox"/> Goal #3 <input type="checkbox"/> Goal #4

Pre-approval signature: _____ **Date:** _____



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(only if required)
Part II: Alignment to Ohio Professional Development Standards.

Check only those Standards that apply to this PD/EOA experience.

- Standard 1: Purposefully structured, continuous process that occurs over time.**

- Standard 2: Used data supplied by multiple sources to analyze, research, and/or evaluate.**

- Standard 3: Provided opportunities for collaboration and/or communication.**

- Standard 4: Included varied learning experiences that accommodates individual knowledge and skills.**

- Standard 5: Evaluated by its short and/or long term impact on professional practices and student achievement.**

- Standard 6: Resulted in the acquisition, enhancement, and/or refinement of skills and knowledge.**

Contact Hours completed:

Signature of participant _____ Date _____

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Approval Signature _____ Date _____
(Building administrator or Diocesan Director)

CEUs granted: _____

If this is a Diocesan or Catholic School Sponsored activity, this form (with approval signature) verifies participation in that activity. Participants are still responsible for conveying this information to their LPDC in a manner consistent with the Diocesan LPDC guidelines.