



# Springboro Community Schools

## Non-Traditional Continuing Education Units: Request for Pre-Approval

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Describe the proposed CEU activity: (please refer to the district's CEU Activity Guidelines.)

\_\_\_\_\_

Estimate the number of contact hours that you will devote to this activity.

\_\_\_\_\_

Secure the signatures of your principal or supervisor and department chair, team leader, or colleague who can verify your estimate of contact hours and that this activity is consistent with building and district goals and objectives.

Administrator Signature: \_\_\_\_\_

Faculty Signature: \_\_\_\_\_

How will this activity improve student achievement, your professional skills, and the quality of our school district: How will you share your learning with colleagues? (Please use additional space/attach as necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach any additional information that might help the LPDC understand your request for CEU credit for these non-traditional activities.

Educator's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

LPDC Chairperson's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Number of Approved Contact Hours/CEU's: \_\_\_\_\_