

**EAST CLEVELAND CITY SCHOOL DISTRICT
APPLICATION TO PROVIDE CEU CREDITS
FOR
PROFESSIONAL DEVELOPMENT ACTIVITIES**

PART I IDENTIFYING INFORMATION — SPONSOR

Sponsor (Name, Building, or Agency)

Contact Person

Position

Telephone

PART II PROVIDER INFORMATION

A. Presenter or Organization Providing/Conducting Activities

B. Mailing Address

City

State

Zip

C. Contact Person

Position

Telephone

PART III PROGRAM INFORMATION

D. Program Title

E. Number of Contact Hours

Number of Sessions

No. of CEUs

F. Dates

Session Days & Times

Target Audience

G. Where the program will be held

Maximum Number of Participants

H. Identify / describe the primary learning outcome for the activity. Be specific.

Date Finalized _____

- I. Identify instructional techniques or strategies that will be used to obtain the intended learning outcomes.

- J. Identify the assessment techniques or strategies that will be used to determine the achievement of the intended learning outcome. *(Attach a copy if applicable.)*

- K. Description *(as it should appear in the program booklet)*.

- L. An evaluation summary and the names and social security numbers of those earning CEU credits through this activity will be forwarded to the East Cleveland City Schools Local Professional Development Committee within two weeks of the activity described above.

Approved _____ **Not Approved** _____

Falsification of any documentation will result in forfeiture of the applicable CEUs or Course Credit or application.

Official Signature _____