



Garfield Heights City School District

Verification of Professional Development / Coursework Completion

Name _____ Building _____ Pre Approval Date _____

1. For verification, please attach an official transcript or certificate of completion or letter from presenter verifying attendance and completion of assignments. If other products are required, be sure to attach them.
2. Complete Professional Development Reflection on page 2 of this form.

(APPLICANT)

I attest that I have completed this Professional Development.

Signature _____ Date _____

Professional Development Requested:

_____ CEUs _____ Semester Credits _____ Contact Hours

Description of PD: _____
(Please include college / university name, if applicable, and course description.)

(LPDC ONLY)

In the judgment of the LPDC, the activity is completed and verified. Credit granted:

_____ CEUs _____ Semester Credits _____ Contact Hours

LPDC Signatures: _____ **Date:** _____

Certificate Issued: Yes No



Professional Development Reflection

After completing the professional development, complete this Reflection form and submit it along with an original transcript, a certificate of attendance, log or other documentation.

Refer to Professional Development Standards if clarification is needed.

1. Explain how this Professional Development impacted your classroom / professional practice.
2. How did this Professional Development result in the acquisition, enhancement or refinement of skills and knowledge? Be specific.
3. What is the collaborative aspect of the Professional Development?
4. How are you progressing in your assessment of the short- and long-term impact of this Professional Development on your professional practice and/or the achievement of your students?