Bellevue City Schools Local Professional Development Committee Pre-Approval Form

To be submitted prior to engaging in Professional Development.

This form does not need to be completed for committee work, college courses, or other district sponsored activities.

Last Name First Name IPDP Approval Date

School Assignment

Beginning Date of PD Ending Date of PD Location of PD

Name of Professional Development

Type of Professional Development. Select all appropriate.

Publication

National Board of Professional Teaching Standards

Professional Vocational Board Certification

Cooperating Teacher for a Student Teacher

Cooperating Teacher for a Practicum Teacher (Mentor Teacher)

Mentor Teacher for a Teacher Academy Student

Teaching a College Course

Professional Presentation

Educational Project

Self Directed Educational Development

Externship

Describe the Professional Development.

IPDP Goal(s) a	applicable to	Professional	Development.
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Number of B.E.A.M.S. requested.	Number of Contact Hours.
*Every Contact Hour is worth .1 BEAMS (ex.	8.5 contact hours = .85 BEAMS)
Applicant Signature	Date
LPDC Signature	Date