

# Other Equivalent Activity Proposal

## East Guernsey Local Professional Development Committee

Name:  Date Submitted to LPDC:

Certificate / Licensure Areas:

What IPDP goal does this proposed activity address?

What do you plan to do as a part of this activity?

If you will be partnering (with other educators) to do this activity, please list their names.

Please provide a timeline for this activity:

What documentation will you provide to the East Guernsey LPDC as a result of this activity?

How many credits (CEUs) do you think this activity is worth?

<b>East Guernsey LPDC Action</b>	
<hr/>	Approved
<hr/>	Returned for revision, comments: <hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<i>LPDC Representative Signature</i>	<i>Date</i>