

NORWALK PUBLIC SCHOOLS
CEU PROFESSIONAL DEVELOPMENT PROPOSAL

Name of Presenter(s): _____
(Please attach Resumé(s))

Presentation Site: _____

Need to be Addressed by this Activity: _____

Name of Approved Provider: Norwalk Public Schools

Provider # 103 Date(s) _____

Title of Activity: _____ Time: _____

Target Audience: _____

Maximum Number of Participants: _____

Number and Length of Sessions: _____

Total Number of CEU Hours: _____
(include only instructional hours)

Description of Activity:

LEARNING OUTCOMES:

As a result of taking part in this activity, participants will:

1.

2.

3.

Requirements for Successful Participation:

SUBMIT 14 DAYS IN ADVANCE TO:
CEU Coordinator, Human Resources Department.

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Design or Outline of Activity (*list agenda and time schedule*)

(*If more than one session, outline each session*):

Special Facilities, Equipment or Materials to be Used:

Description of Activity as it Would Appear in an Announcement or Brochure:

Evaluation: Outcome Will be Determined by Reaction Survey.

Submitted By: _____
(Department/School)

Date: _____

Approved By: _____
(Principal/Administrator)

Date: _____

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CEU Activity Proposal - Decision Form
This section is to be completed by the CEU Program Manager
after reviewing the proposal

Title of Activity: _____

Activity Number Assigned:

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Comments:

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This is eligible as an activity for which CEUs can be awarded.

CEU Facilitator

Date

For Office Use only
CEU ACTIVITY - RECORD OF COMPLETION

This section is to be completed by the CEU Manager
when this activity has been completed

Completion date of activity _____ Number of Participants _____
Awarded CEUs

Number of CEUs awarded each participant _____ Evaluation completed yes no

Attendance data entered in computer (date) _____ Activity file closed (date) _____

CEU vouchers issued to participants (date) _____

Signature