

**MARGARETTA LOCAL PROFESSIONAL DEVELOPMENT COMMITTEE**  
**COLLABORATIVE / COMMITTEE WORK**  
**INDEPENDENT ACTIVITY / PROJECT PROPOSAL**

Name \_\_\_\_\_

Date \_\_\_\_\_

Title of activity:

Number of equivalent hours requested for participants upon completion of this activity.

**Process.** Describe the activity which you are going to do.

**Rationale.** Explain the basis for choosing this activity.

**Benefits.** Describe the anticipated benefits to yourself, students, building, and/or district as a result of this activity.

**Assessment.** Describe how the impact of this activity will be assessed and identify the person(s) responsible for this completion of this activity.

**Dissemination.** If the benefits of this activity can be shared with other staff or community members, describe how and with whom you plan to share it.

**Timeline.** Provide a Timeline for implementation/completion of the activity.

**Budget.** Identify any expected costs of this activity and the anticipated source of funding. Include copies of related forms, applications, approvals, etc.

**Collaboration.** If this a collaborative effort, list all team members and their expected roles and responsibilities.

**Role of the mentor.** If a mentor is to be involved in this activity, describe their role and the reporting strategy which they plan to use.

**Additional Comments/Other.**

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I certify that the information provided in this Activity Proposal is true and accurate to the best of my knowledge.

\_\_\_\_\_  
signature

\_\_\_\_\_  
date

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**Approval/Disapproval. (This section will be completed by the LPDC.)**

----- This activity has been approved as submitted for the equivalent of \_\_\_\_\_ semester hour(s) credit.

----- this activity will be approved with suggested revisions for the equivalent of \_\_\_\_\_ semester hours(s) credit.

\_\_\_\_\_  
Signature of LPDC chairperson

\_\_\_\_\_  
date

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This activity has merit but has not been approved as submitted. You may refine the highlighted areas and resubmit the proposal.

\_\_\_\_\_  
Signature of LPDC chairperson

\_\_\_\_\_  
initial LPDC review date

\_\_\_\_\_  
Signature of LPDC chairperson

\_\_\_\_\_  
approval date

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This proposal has been denied at this time. The purposes, process, and benefits of the project are unclear. If you still feel that this activity is worthwhile, please redefine and restate your proposal before resubmitting.

\_\_\_\_\_  
Signature of LPDC chairperson

\_\_\_\_\_  
date

\*Credit toward certification/licensure will be awarded upon receipt of confirmation of completion of the activity by your immediate supervisor.\*

\*Any certified staff member may personally present an activity proposal by requesting an appointment at a regularly scheduled LPDC meeting.\*