

St. Thomas More School
Professional Learning Program
Application for Professional Learning Unit Credit
Prior Approval Form

Participant's Name:

Home Address:

School System:

Certification Type: Position:

Date of Birth: Social Security #:

Name of Course:

Check the categories for which this PLU credit applies:

- | | |
|--|--|
| <input type="checkbox"/> Field(s) of Certification | <input type="checkbox"/> School/System/Individual Improvement Plan |
| <input type="checkbox"/> Annual Personnel Evaluation | <input type="checkbox"/> State/Federal Requirements |

Description of Course:

Location of Course:

Dates of Course:

I hereby approve this person's participation in the above named Professional Learning Unit Credit Program. I further certify that the goals and objectives of this course are consistent with the goals and improvement objectives of this school system.

**System Superintendent or
Professional Learning Coordinator**

Date of Approval

I'm not employed in a public or private school.

Signature of Participant

Date of Approval

Professional Learning Unit (PLU) Course Completion Form

To document satisfactory completion of PLU courses

Participant Information

Name: SS#

Employing System:

School/Worksite:

Course Information:

Course Title:

Date of Completion of all course requirements
Including assessment:

Total Contact Hours of the Course:

Number of PLU Credits:

Check the categories for which this PLU credit applies:

- Field(s) of Certification
- Annual Personnel Evaluation
- School/System/Individual Improvement Plan
- State/Federal Requirements

Training Agency Information:

Agency Name:

Contact Person:

Verifications:

Option I: Mastery Verification

Prepared Phase/Contact Hours Completed

Instructor's Signature

Date

Option II: On-The-Job Assessment

Observer's Signature

Date Assessment Completed

Form Updated July 1, 2002