

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: _____ Employee ID Number _____

Name of Course: _____

Check the categories for which this PLU credit applies:

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

Description of Course: *A series of presentations designed to enhance alternative education personnel abilities to effectively modify student behavior, place emphasis on student responsibility, increase parental involvement and enhance instructional strategies.*

Location of Course: _____ Macon Centreplex - Macon, Georgia

Dates of Course: _____ September 16, 2010

I hereby approve this person's participation in the above named Professional Learning 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