

Professional Learning Unit (PLU) Prior Approval Form

Participant's Name: _____

Home Address: _____

School System: _____

Certification Type: _____ Position: _____

Date of Birth: _____ Social Security #: _____

Workshop Title: _____

Number of PLU credits: _____

Check categories for which this PLU credit applies:

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

Location of Workshop: _____

Dates of Course: _____

Signature:
System Superintendent or
Staff Development Coordinator

Date of Approval