

Continuing Learning Unit Application

Name _____

Course or Conference Title _____

Date(s) of Conference _____ School _____

Duration of Professional Development Activity (ex. 2 hours or 3-day conference) _____

If professional development activity was conducted in various sessions, please list the sessions attended and the time spent in each session.

<u>Name of Session</u>	<u># Hours Attended</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Describe how you have used the skills and/or practices learned in your professional development activities (please continue description on back if necessary).

Teacher's Signature _____ Date _____

Principal's Signature _____ Date _____

FOR OFFICE USE ONLY

Number of Units Awarded _____	Subject _____
Number of Units Awarded _____	Subject _____
Number of Units Awarded _____	Subject _____
Number of Units Awarded _____	Subject _____

Approval Signature _____ Date _____

PLEASE PUT THIS CLU APPLICATION AND ANY SUPPORTING DOCUMENTATION INTO YOUR CLU FOLDER AND SUBMIT TO THE PRINCIPAL BY DEC. 1ST/MAY 1ST OF EACH SCHOOL YEAR