

LCMS – Kansas District
Request for Professional Development Education Points
 Application Level Points

Name	
School/Location	

Date(s) of Related Knowledge Activity (from IPDP)	
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Level 1 Knowledge Activity Number (from IPDP)	
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How many knowledge points would you like to apply for?	
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**Check and complete below the information for your activity:
 (PLEASE USE ONE FORM FOR EACH ACTIVITY)**

Application (2x knowledge points)		
What am I doing now that I wasn't doing before?		
Activity Title	Mark One	# Points Requested
Implementing Teaching Strategies (Describe what you have done in your classroom. You must have completed activities relating to your goal for AT LEAST one quarter in order to apply for application points.)		
Other (Describe why you think you should be rewarded application points).		
Signature of Applicant		
Signature of Principal's Approval (Observation Required)		