

LCMS – Kansas District
Request for Professional Development Education Points
Impact 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)**

Impact (3x knowledge points) What changes have occurred in classroom, school, district, or among colleagues as a result of my learning?		
Activity Title	Mark One	# Points Requested
Student Academic Performance (Describe the impact you have had in the classroom due to the changes you have made. You must have completed activities relating to your goal for AT LEAST one semester in order to apply for impact points.)		
Presentation of Strategy		
Mentor/Peer Coaching		
Other (describe)		
Signature of Applicant		
Signature of Principal's Approval (Observation Required)		