

<b>LCMS – Kansas District</b> <b>Request for Professional Development Education Points</b> <b>Knowledge Level Points</b>
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<b>Name</b>			
<b>School:</b>		<b>Location:</b>	

<b>Date(s) of Activity</b>	<b>From:</b>		<b>To:</b>	
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<b>Date Validation Submitted to Principal</b>	
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<b>Type of Activity (check one)</b>		
<input type="checkbox"/> In-District	<input type="checkbox"/> Out-of-District	<input type="checkbox"/> Self-Directed

<b>Clock Time (number of hours to the nearest ¼ hour)</b>

<b>Title of Conference, Seminar or Workshop</b>

<b>Title of Activity or Presentation</b>

<b>What do I know now that I did not know before?</b>

<b>Employee Signature Verifying Accuracy of Above Information</b>

(For approval, this form must be submitted to the principal in the school year the activity occurred. Maintain a copy for your records.)

<b>Principal's Signature Indicating Approval</b>