

NORWALK PUBLIC SCHOOLS
CEU EQUIVALENT CREDIT
VERIFICATION OF ACCOMPLISHMENT

NAME: _____ S.S.#- _____
SCHOOL: _____ ACTIVITY #- 103-00- -

1. Name of Activity: _____

2. Specify in Detail Actual Day(s) of the Week, Date(s) and Time(s) of Activity:

3. Actual number of Contact Hours in Activity: (Do not include orientation, meals, breaks, etc.) _____

4. Number of CEU Equivalents Now Beginning (10 contact hours= 1 CEU): _____

5. Description of Evidence of Accomplishment: (Evidence must be attached)

6. For Activities During School Time:

A Reaction Paper is Attached.

I Will Make/Have Made a Presentation to: _____ on: _____

Administrator's Signature

I have completed this activity as described above: _____

Date _____

SUBMIT THIS FORM TO OFFICE OF HUMAN RESOURCES

FOR OFFICE USE ONLY

Activity Completed as Previously Approved: Yes No

If Yes, Date Certificate Issued: _____

If No, Date Request for CEU Equivalent and Verification of Accomplishment
Sent to Committee: _____

Majority Decision: Approved Not Approved

If Approved, Date Issued: _____

Official Signature

Official Signature

Date

Date