

NORWALK PUBLIC SCHOOLS  
CEU PROFESSIONAL DEVELOPMENT PROPOSAL

Name of Presenter(s): \_\_\_\_\_  
(Please attach Resumé(s))

Presentation Site: \_\_\_\_\_

Need to be Addressed by this Activity: \_\_\_\_\_

Name of Approved Provider: Norwalk Public Schools

Provider # 103 Date(s) \_\_\_\_\_

Title of Activity: \_\_\_\_\_ Time: \_\_\_\_\_

Target Audience: \_\_\_\_\_

Maximum Number of Participants: \_\_\_\_\_

Number and Length of Sessions: \_\_\_\_\_

Total Number of CEU Hours: \_\_\_\_\_  
(include only instructional hours)

Description of Activity:

**LEARNING OUTCOMES:**

As a result of taking part in this activity, participants will:

1.

2.

3.

Requirements for Successful Participation:

SUBMIT 14 DAYS IN ADVANCE TO:  
CEU Coordinator, Human Resources Department.

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Design or Outline of Activity (*list agenda and time schedule*)

(*If more than one session, outline each session*):

Special Facilities, Equipment or Materials to be Used:

Description of Activity as it Would Appear in an Announcement or Brochure:

Evaluation: Outcome Will be Determined by Reaction Survey.

Submitted By: \_\_\_\_\_  
(Department/School)

Date: \_\_\_\_\_

Approved By: \_\_\_\_\_  
(Principal/Administrator)

Date: \_\_\_\_\_

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CEU Activity Proposal - Decision Form  
This section is to be completed by the CEU Program Manager  
after reviewing the proposal

Title of Activity: \_\_\_\_\_

Activity Number Assigned: 

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Comments:

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This is eligible as an activity for which CEUs can be awarded.

\_\_\_\_\_  
CEU Facilitator

\_\_\_\_\_  
Date

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For Office Use only  
CEU ACTIVITY - RECORD OF COMPLETION

This section is to be completed by the CEU Manager  
when this activity has been completed

Completion date of activity \_\_\_\_\_ Number of Participants \_\_\_\_\_  
Awarded CEUs

Number of CEUs awarded each participant \_\_\_\_\_ Evaluation completed yes  no

Attendance data entered in computer (date) \_\_\_\_\_ Activity file closed (date) \_\_\_\_\_

CEU vouchers issued to participants (date) \_\_\_\_\_

\_\_\_\_\_  
Signature