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**Equivalent Activity Proposal**

(NOTE: You must submit a separate page for each proposed activity. See Appendix A for examples.)

Applicant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Estimate clock hours required for activity \_\_\_\_\_\_\_\_\_\_ Goal Addressed (from IPDP) \_\_\_\_\_\_\_\_\_\_

1. **Process** – Describe the activity which you are going to do.

2. **Rationale** – Explain the basis for choosing this activity as it relates to your IPDP and to the district and building goals.

3. **Describe** the product that will be the end result of the activity (see page 12).

4. **Assessment** – Describe how the impact of this activity will be assessed and identify the person(s) responsible for the completion of this activity.

5. **Dissemination** – If the benefits of this course can be shared with other staff or community members, describe how and with whom you plan to share it.

6. **Timeline** – Provide a completion date or timeline for the completion of this course.

7. **Budget** – Identify any expected costs of this activity and the anticipated source of funding. Include copies of related forms, applications, approvals, etc.

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8. **Collaboration** – If this is a collaborative effort, list all team members and their expected roles and responsibilities.

9. **Role of the mentor** – If a mentor is to be involved in this activity, describe their role and the reporting strategy that they plan to use.

10. **Additional Comments/Other:**

I certify that the information provided in this Equivalent Activity Proposal is true and accurate to the best of my knowledge.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approval/Disapproval**

(This section will be completed by the LPDC.)

❑ This proposal has been approved as submitted for the equivalent of \_\_\_\_\_\_\_\_\_\_ hours.

❑ This proposal has merit but has not been approved as submitted. You may refine the highlighted

areas and resubmit the proposal.

❑ This proposal has been denied at this time. The purposes, process and rationale of the work in relation to your IPDP are unclear. If you still feel that this proposal is worthwhile, please redefine and restate your proposal before resubmitting.

Signature of

LPDC Chairperson \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Any certified staff member may personally present a proposal by requesting an appointment at a regularly scheduled LPDC meeting.