

MONROE PUBLIC SCHOOLS
Monroe, Connecticut

**CEU EQUIVALENT - COMPLETION OF ACTIVITY AND
REQUEST FOR ISSUANCE OF A CEU CERTIFICATE**

Name:

Choose School

Title of Activity:

Date of Activity:

Total Contact Hours:

Evaluation of Activity:

Outcomes: How will the new knowledge gained through this activity be applied to improve student learning?

Signature

**RETURN THIS FORM TO: DIRECTOR OF PROFESSIONAL DEVELOPMENT
MONROE PUBLIC SCHOOLS**

Date:

C.E.U. Equivalent credits awarded:

Date certificate sent:

Director of Personnel