Date Received	

MONROE PUBLIC SCHOOLS Monroe, Connecticut

PROPOSAL FOR ISSUANCE OF CEU EQUIVALENTS

CRITERIA FOR CEU EQUIVALENTS:

- Must result in new educator learning that is clearly linked to improved student learning
- Must relate to school or district goal

Name:	School		
TYPE	OF	ACTIVITY:	
A. First time service in Mentor; Coop	BEST role following ini erating Teacher;	tial or update training: sessor;	
		cilitator;	
C. OTHER:			
Title of Activity:			
Activity Date(s):		Total Contact Hours:	
Sponsor of Activity:		Location:	
Description of Activity(a	attach brochure, if available)		
School or District Goal	being addressed:		
Outcomes: (What do you applied to help improve		s activity and how will the new learning be	
Signature: Approved:			
Director of P	rofessional Developmen	nt	
CEU EQUIVALENTS A	WARDED:	CEU ACTIVITY CODE:	