

Baker County Schools
Professional Learning Program
Application for Professional Learning Unit Credit
Prior Approval Form

Participant's Name: _____

Home Address: _____

School System: _____

Certification Type: _____ Position: _____

Name of Course: _____

Check the categories for which this PLU credit applies:

- Field(s) of Certification School/System/Individual Improvement Plan
 Annual Personnel Evaluation State/Federal Requirements

Description of Course: _____

Location of Course: _____

Dates of Course: _____

Participant's Signature

Date

I hereby approve this person's participation in the above named Professional Learning Unit Credit Program.

PLU Coordinator's Signature

Date Approved

Principal's Signature

Date Approved

Superintendent's Signature

Date Approved

Participants must attach course flyer or information sheet to this form.