

SHARPSVILLE AREA SCHOOL DISTRICT
ACT 48 PERMISSION FORM- To be filled out before completion of the activity.

Name: _____ PPID: _____

Building: _____ Date of Activity: _____

Provider Name: _____ Activity Title: _____

Act 48 Professional Development Activity (Check only one category) Act 48 Hours Requested: _____

Academic Content Studies (Add subject)

Subject: _____

Standards Area Curriculum & Assessment (Check only one subcategory)

Classroom Assessment Curriculum Development Data Analysis

Evaluation Instructional Decision Making

Student Social & Health Issues (Check only one subcategory)

CPR/First Aid Drugs/Alcohol Educational Specialist Guidance Counseling

Resiliency School Nursing

Teaching & Learning Professional Development (Check only one subcategory)

Behavioral Objectives/Discipline Individual Instruction Interdisciplinary

OPEN Education (LSI Online) School & Community Collaboration

Teaching Techniques & Strategies

Technology (Check only one subcategory)

Computer Information Technology Technology Education

How this information benefits you as you perform your professional duties: _____

How I intend to use what I learned: _____

Signature: _____ Date: _____

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_____ Approved _____ Not Approved: _____
(Reason if not approved)

Principal's Signature: _____ Date _____

Superintendent's Signature: _____ Date _____

*As per the Act 48 Law, the course provider is required to provide you with a course certificate following completion of the course.
Please forward a copy of the certificate to the Office of Student Services to assure proper tracking of your Act 48 credits.*

**ALL PERMISSIONS MUST BE TURNED IN TO THE CENTRAL OFFICE
WITHIN TWO WEEKS PRIOR TO THE ACTIVITY**