

SHARPSVILLE AREA SCHOOL DISTRICT

ACT 48 PERMISSION FORM- To be filled out 2 weeks before completion of the activity.

Name: _____ PPID: _____

Building: _____ Date of Activity: _____

Provider Name: (Use line below) _____ Activity Title: (Use line below) _____

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: (Use line below) _____

How I intend to use what I learned: (Use line below) _____

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