

KEYSTONE LEARNING SERVICES
VALIDATION: KNOWLEDGE
Activity Outside of KLS
Appendix D

Name _____ Assignment _____

Number of Points Requested _____

Title of Workshop/Activity _____

Location of Activity _____ Date of Activity _____

_____ KLS Improvement Goal _____ Individual Goal(s) Addressed (list on following lines)

1. As a result of attending this activity, what knowledge/skill have you acquired?

2. Describe how this activity connects to KLS focus areas and/or individual goals.

3. Do you plan to follow up with long-term application, implementation, and/or impact?

___ Yes ___ No (if yes, see Appendix D for earning additional points)

For points to be validated they must be submitted for approval within 60 days of the activity.

		(attach agenda of activity)
Applicant's Signature	Date	(make copy for your records)

Special Education Administrator's Signature	Date

For office use only

Number of Points Approved by PDC _____

___ Content ___ Professional ___ Service to Profession

Signature	Date

Not approved (explanation)
