

**NORTHEAST KANSAS EDUCATION SERVICE CENTER
VALIDATION: KNOWLEDGE
Activity Outside of NEKESC
Appendix D**

Name _____ Assignment _____

Number of Points Requested _____

Title of Workshop/Activity _____

Location of Activity _____ Date of Activity _____

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

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

2. Describe how this activity connects to NEKESC 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.

Applicant's Signature _____ Date _____ **(attach agenda of activity)**
(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)

