

Georgia Youth Science & Technology Centers, Inc.
Professional Learning Program
Application for Professional Learning Unit Credit
Prior Approval Form

Participant's Name: _____

Home Address: _____

School System:

Certification Type:

Position:

Date of Birth:

Social Security #:

Name of Course: GPS Science Unit Training for Grades 3-5

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:

This course is designed to improve the science content knowledge of 3rd, 4th, and 5th grade teachers and enable them to develop hands-on instructional strategies to teach the Georgia Performance Standards

Location of Course: HGRESA, Eastman, Georgia

Dates of Course: _____

I hereby approve this person's participation in the above named Professional Learning Unit Credit Program. I further certify that the goals and objectives of this course are consistent with the goals and improvement objectives of this school system.

System Superintendent or
Professional Learning Coordinator

Date of Approval

I'm not employed in a public or private school.

Signature of Participant

Date of Approval