Littleton Public Schools

Professional Learning Credit Documentation

Name of Class	
Instructor/Coach	

Class Model (check one): ☐ **Training Model** ☐ **Coaching Cycle** ☐ **Lesson Study** ☐ **Action Research**

Participant Name	Amount of Credit Earned	Check One - Credit For	
		UCD	LPS

_____ Date _____

Signature of Instructor/Coach who completed this form

Send for approval to Julie Carlson – Coordinator of Instruction/ESC

Signature _____ Date _____

Julie Carlson- Coordinator of Instruction

☐ *Approved to forward to Human Resources*