

# Worth County Schools

## Professional Learning Unit (PLU) Course Completion Form

**Participant Information:**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

School/Worksite: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Course Information**

Course Title: \_\_\_\_\_ Course Number: \_\_\_\_\_

**Date of Completion** of all course requirements: \_\_\_\_\_

**Total Contact Hours of the Course:** \_\_\_\_\_

**Number of PLU Credits:** \_\_\_\_\_

**Check the categories for which this PLU credit applies:**

- |   |  |
|---|--|
| <input type="checkbox"/> Field of Certification   | <input type="checkbox"/> School/System/Individual Improvement Plan |
| <input type="checkbox"/> Annual Personnel Evaluation<br><small>(as required by a Professional Development Plan)</small> | <input type="checkbox"/> State/Federal Requirements                |

**Training Agency Information:**

Agency Name: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Verifications:**

**Option I: Mastery Verification**

Preparation Phase/Contact Hours Completed

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
Date

**Option II: On-The-Job Assessment**

\_\_\_\_\_  
Observer's Signature

\_\_\_\_\_  
Date Assessment Completed

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Based on review of evidence that the individual has satisfactorily completed all requirements, the above mentioned applicant is recommended for the indicated credit for certification renewal.

\_\_\_\_\_  
Signature of Superintendent or Designee

\_\_\_\_\_  
Date