

Newton Falls Exempted Village Ohio Professional Development

For LPDC Approval

Webinar Participation Form

Webinar title	
Date & Time	
Associated URL	
Hosting organization/entity	<i>Provide the name of the host and include names and credentials of presenters or featured speakers, if known.</i>
Webinar Goals & Objectives	
Contact hours	<i>Specify actual hours of engagement. (Attach documentation if possible)</i>
Participant role	<i>For example: Listening to presenters, participation in individual and group activities, exploration of relevance and potential applications of workshop content to local situation, interactive dialogue and questions with presenters and/or colleagues.</i>

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My signature below attests to my participation in the WEBINAR described on this document.

I understand that I am responsible for conveying this information to my Local Professional Development Committee in a manner consistent with their local guidelines.

This form *is not for submission* to the Ohio Department of Education.

Participant (Print)

Signature

Date