

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: Innovative Approaches to Transition through Self-Determination,
Collaboration, and Technology-#B6D447-F763

Check the categories for which this PLU credit applies:

- | | |
|--|--|
| <input type="checkbox"/> Field(s) of Certification | <input type="checkbox"/> School/System/Individual Improvement Plan |
| <input type="checkbox"/> Annual Personnel Evaluation | <input type="checkbox"/> State/Federal Requirements |

Description of Course: This course will instruct participants on how to prepare students to become proficient in using the technology that will gain them the most independence in adult life. Participants will also learn how to involve students with disabilities in setting goals and making decisions involving their own education and educational outcomes. Participants will also learn about the wealth of resources available in the state and how to access them. Finally, participants will learn how to establish and maintain interagency transition councils, as well as develop an action plan for addressing the needs of students with disabilities within their local communities.

Location of Course: _____

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

Return prior to the beginning of the course.