

Contact Unit Consideration Form



Educator/Licensed Professional Information

Name of Educator/Licensed Professional: _____ Position: _____

School/Site Location: _____ School/Site Location Number: _____

This form may be completed by an educator/licensed professional who wants to propose that a professional learning activity be considered for earning contact units (CUs).

Provide the name of the proposed professional learning activity.

Provide a detailed description and examples of the proposed professional learning activity.

Justify why this proposed professional learning activity should accrue CUs.

Recommended maximum CUs for the proposed professional learning activity: _____

Educator/Licensed Professional Signature: _____ Date: _____

Submit completed form to PGS FAQ Mailbox in Interact.

To be completed only by personnel in the Instructional Design & Professional Learning Division.

This request is Approved Signature: _____ Date: _____

Declined Signature: _____ Date: _____

The educator/licensed professional is responsible for maintaining all documentation in alignment with his/her PGP and ensuring that the professional learning activities count toward CUs for column movement. The PGP may be adjusted based on the educator/licensed professional's professional growth.