

**Equivalent Other Activity
Pre & Final Check List**
(required to be the first page of your EOA)

Teacher Name: _____

Name of EOA: _____

Dates of EOA: _____

Pre-Approval Presentation Date: _____

- (Either meet with Building LPDC Members or the LPDC Committee to explain your EOA and its objectives.)
- I have read the EOA Criteria
- I have read the Criteria for Assessing Quality (pg. 16)
- I have determined that my EOA fits Category 1 and/or 2 and/or 3

Signature of Teacher

Date

Signature of Building Representative

Date of Presentation

Signature of LPDC Chairperson

EOA Pre-Approval Date

Final Approval Checklist

_____ **Log of Hours**

_____ **Statement of Reflection**

_____ **Tangible Evidence**
(see verification column in handbook)

Signature of LPDC Chairperson

EOA Approval Date

