

**Lafayette Parish School System
Documentation of Method used to fulfill CLUs**

Teacher's Name _____

Last 4 digits of SSN: _____

CLUs Earned with College Courses

3 semester hours = 45 CLUs; please attach an official copy of your college transcript.

College	Courses Completed	CLUs
		Subtotal _____

School and/or District Professional Development

List each professional development activity and provide a copy of verification of your participation in the activity (sign in sheet or certificate)

Name of activity	Date/s	CLUs
		Subtotal

State Department Professional Development

List the activities in which you participated held at the state level; provide documentation verifying your completion of the training or activity.

Name of activity	Date/s	CLUs
		Subtotal

Other Providers

List below the CLUs earned from participation and completion of professional development activities provided by entities other than those listed above. Please attach verification of completion of each activity listed.

Name of activity	Date/s	CLUs
		Subtotal

Total

I hereby certify that all supporting records of CLU completion and college/university coursework completion are a true and honest report of CLU acquisitions and are on file in the school and district office.

Applicant Signature

School Principal Signature

Signature of Employing District

Date: _____

Date: _____

Date: _____