

**CEU REQUEST**  
**STAMFORD PUBLIC SCHOOLS - PROVIDER # 135**  
(One form is needed for each CEU request)

Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade/Subject: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Title of Activity/Workshop/Seminar: \_\_\_\_\_

Sponsoring Agency/Organization: \_\_\_\_\_

**This is a request for:**

- CEU Equivalents** – Awarded for participation in a planned continuing educational experience (for which CEUs have not already been awarded by the provider) directly related to improving student learning, mutually agreed to by the teacher and his/her supervisor.

**Start Date:** \_\_\_\_\_  
(Include Daily Timeframe)

**Completion Date:** \_\_\_\_\_

**Description of Activities:**

**Objectives of the Session(s):**

**Identified Needs Addressed:** This workshop is needed because. . .

**Learning Outcomes:** As a result of this activity, a participant will be able to . . .

**Effect on Student Learning:** How will student learning improve as a result of this activity?

**Describe Evaluation Methodology:** What evidence will there be that learning has taken place?

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Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Recommended       Not Recommended

CEU Coordinator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved       Denied

**Please include additional comments on the back and attach any relevant informational brochures.**