

Georgia Athletic Coaches Association
Professional Learning Program
Application for Professional Learning Unit Credit
2011 Prior Approval Form

GA. DEPT. OF EDUCATION OFFICE OF PROFESSIONAL LEARNING COURSE # D79CD1-413

Participant's Name: _____

Home Address: _____

School System: _____

Certification Type: _____ Position: _____

Date of Birth: _____ Social Security #: _____

Name of Course: Georgia Athletic Coaches Association Summer PLU Seminar (4 PLU's)

GA. DEPT. OF EDUCATION OFFICE OF PROFESSIONAL LEARNING COURSE # D79CD1-413

Check the categories for which this PLU credit applies:

____ Field(s) of Certification

____ School/System/Individual Improvement Plan

____ Annual Personnel Evaluation

____ State/Federal Requirements

Description of Course: Enhance physical education job performance by seminar presentation of new teaching techniques and new organizational procedures to better teach the middle school or high school physical educational units of flag football, weight training, basketball, softball, and volleyball. Selected units will also cover First Aid, Title IX, nutrition, and sexual harassment issues. **This is a 5 day, 40 contact hour seminar which carries 4 PLU's.**

Location of Course: **St. Simons Island, Georgia**

Dates of Course: **June 21, 22, 23, 24, 25**

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. (SIGN ONLY IF YOU ARE NOT A TEACHER IN THE PUBLIC OR PRIVATE SCHOOLS OF GEORGIA)

SIGNATURE OF PARTICIPANT

DATE OF APPROVAL