CEU APPROVAL FORM

 \square We would like to use our own evaluation form.



CONTACT INFORMATION

Name	Phone
Email	
PROGRAM INFORMATION	
Title of Program	
Sponsoring School or Department	
Program Objectives	
Brief Description	
Select which standard(s) applies to your course Standard 1. Mission, Vision, and Core Values	For EACH of the standards selected, give a brief
□ Standard 2. Ethics and Professional Norms	description of how this standard applies to your course.
□ Standard 3. Equity and Cultural Responsiveness	
□ Standard 4. Curriculum, Instruction, and Assessment	
□ Standard 5. Community of Care and Support for Students	
□ Standard 6. Professional Capacity of School Personnel	
□ Standard 7. Professional Community for Teachers and Staff	
□ Standard 8. Meaningful Engagement of Families and Comm	unity
□ Standard 9. Operations and Management	
□ Standard 10. School Improvement	
Estimated attendance Participating Audi	ence
Location(s)	Date(s)
Total Clock Hours of Instuction	Number of CEU Credits Recommended
Insturctor(s)	
Evaluation Procedure	
☐ We would like to use the standard evaluation form provided	l by DAAIS.