Georgia Project for Assistive Technology Division for Special Education Services and Supports

Professional Learning Unit (PLU) Credit Prior Approval Form

This form must be completed by personnel seeking professional learning unit (PLU) credit. Approval to take a course must be granted prior to the beginning of the course. A PLU Course Completion Form will be forwarded to the participant upon completion of the course.

Participant Information:				
Name:	Last Four Digit	s of Social Security N	lumber:	
Certificate Type:	Occupation:	Occupation:		
Employing School System:	S	ystem Code:		
Home Address:	City:	State:	Zip Code:	
Home Phone:	Work Phone:			
Email Address:	F	AX:		
Course Information:				
PLU Course Title: Institute Designed for Educating	All Students (IDEAS) 2012			
Course Description: The 2012 Institute Designed for opportunities to learn how to eliminate barriers and topics will address areas such as autism, assistive supports, UDL, and educational tools to support student on engaging and motivating diverse learners. Through their ability to provide enhanced instructional practions.	make the curriculum access technology, transition, positi ident instruction and achieve ugh attending the IDEAS con	sible for all students. ve behavior intervent ement. Participants w nference, participants	Conference ions and ill learn strategies	
Number of PLU Credits: Two (2)				
Total Contact Hours: Twenty (20)				
Course Beginning Date: 06-04-2012	Ending Date: 0	6-07-2012		
Course Location: Epworth by the Sea, St. Simons	Island, GA			
Application Categories:				
Check the categories for which this PLU credit appl	ies:			
☐ Field(s) of Certification	☐ Annual Personnel Eva	aluation		
\square School/System/Individual Improvement Plan	□State/Federal Require	ments		
Training Agency Information:				
Agency Name: Georgia Project for Assistive Techr Georgia Department of Education	nology; Division for Special E	Education Services ar	nd Supports	
Address: 1870 Twin Towers East Atlanta, GA 3033	34			
Contact Person: Gina Gelinas Phone: 404-46	63-5288 Email: ggelinas	s@doe.k12.ga.us		
I hereby approve this person's participation in the a certify that the goals and objectives of this course a school system.				
System Superintendent or Professional Learning Co	oordinator's Signature	Date of Appro	val	
☐ I'm not employed in a public or private school.				
Participant's Signature		Date		