

Professional Learning Unit (PLU) Course Completion Form

To document satisfactory completion of PLU courses

Participant Information

Name: _____ SS#: _____

Employing System: _____

School/Worksite: _____

Course Information

Course Title: _____

Date of completion of all course requirements, including assessments _____

Total Contact Hours of the course _____

Number of PLU Credits _____

Check the categories for which this PLU credit applies:

- | | |
|--|--|
| <input type="checkbox"/> Field(s) of Certification | <input type="checkbox"/> School/System/Individual Improvement Plan |
| <input type="checkbox"/> Annual Personnel Evaluation | <input type="checkbox"/> State/Federal Requirements |

Training Agency Information

Agency Name: Clayton State University
Continuing and Professional Education (CaPE)

Contact Person: Wendy Quattlebaum, Program Coordinator
Phone: (678) 466-5114

Verifications

Option I: Mastery Verification

Prepared Phase/Contact Hours Completed

Instructor Signature

Date

Option II: On-The-Job Assessment

Observer Signature

Date