

## 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