

# Independent Project Form for Certification

Name \_\_\_\_\_ Date \_\_\_\_\_

Certificate Expiration Date \_\_\_\_\_  18 months prior to expiration date

Description of the Project:

How will the project enable you to grow in your current position?

Activity	Evidence of Completion	Timeline	Proposed hours

Approved

Disapproved

\_\_\_\_\_  
District PLCSS Chairperson

\_\_\_\_\_  
Date

Independent Project Form must be approved 18 months prior to certificate expiration date  
 Evidence must be submitted for final approval of contact hours  
 Independent project must not exceed 45 contact hours