NORTON CITY SCHOOLS

REQUEST FOR PD APPROVAL

3163 Greenwich Road
Norton, OH 44203 • (330) 825-0863
Fax: (330) 825-0929

NAME: _____

BUILDING: _____

PHONE: _____

I am requesting approval of the following to be used for individual professional development plans:

_____

_____

_____

GOALS/OBJECTIVES:

_____

_____

_____

_____

_____

DATE(S):

_____

_____

_____

CONTACT HOURS:

_____

_____

_____

Signature: _____

LPDC Signature: _____Date_____

10/2026
/ko