

University of Georgia
Professional Learning Program
Application for Professional Learning Unit Credit
Prior Approval Form

Participant's Name: _____
Home Address: _____
School System: _____

Certification Type: _____ Position: _____
Date of Birth: _____ SS#: _____

Course Number: 6B5C73-3534

Name of Course: *A Developmental Approach to Teaching Students With Special Needs:*

Check the module(s) for which you are seeking approval:

- _____ Module One: A Developmental Approach to Classroom Teaching (2 PLU)
_____ Module Two: Developmental Assessment for Curriculum Planning and Instruction (2 PLU)
_____ Module Three: Unseen Needs that Shape Student Learning (2 PLU)
_____ Module Four: Designing Developmentally Based Lessons (2 PLU)

Check the category for which this PLU credit applies (check only one):

- _____ Field(s) of Certification _____ School/System/Individual Improvement Plan
_____ Annual Personnel Evaluation _____ State/Federal Requirements

Description of Course: The full course includes four independent content modules that may be taken in any sequence and at any time. Teachers are able to select a content concentration (early childhood, elementary, or secondary) and can receive continuing education credits. Each module contains 5 lessons, requiring 4 hours of work per lesson for 20 content hours and 2 credits. The instructor is Mary M. Wood, Ed.D., Professor Emeritus of Special Education, Department of Child and Family Development, College of Family and Consumer Sciences, The University of Georgia.

Location of Course: This online WebCT course is offered through the Certificate Programs Department of the Georgia Center for Continuing Education and the Developmental Therapy-Teaching Programs Unit, College of Family and Consumer Sciences, The University of Georgia.

Date of Enrollment: _____

I hereby approve this person's participation in the above named Professional Learning Unit Credit Program. I further certify that the goals and objectives of this course are consistent with the goals and improvement objectives of this school system.

**System Superintendent or
Professional Learning Coordinator**

Date of Approval

Signature of Participant

Date of Approval