

**Application for Lamar CISD Professional / Continuing Education
Advanced Placement / Pre-Advanced Placement Credit and/or Gifted & Talented Credit**

(ATTACH A COPY OF CERTIFICATE - DO NOT USE THIS FORM FOR DMA CREDIT)

LEVEL I - FOUNDATIONAL TRAINING

(State and District Mandated Courses)

- | | |
|--|--|
| <input type="checkbox"/> Nature & Needs of Gifted & Talented Learners | <input type="checkbox"/> Identification & Assessment for the Gifted & Talented Program |
| <input type="checkbox"/> Differentiated Instruction for the Gifted & Talented Learners | <input type="checkbox"/> Enhancing Depth & Complexity for Gifted & Talented Learners |
| <input type="checkbox"/> Developing Creativity in Gifted & Talented Learners | <input type="checkbox"/> AP / PAP
(credit for Differentiated Instruction or Depth & Complexity) |

LEVEL II – ADVANCED COURSES (Annual 6-HOUR UPDATE)

(State and District Mandated Courses) –All days of the training must be attended before credit is given.

- | | | |
|--|--|--|
| <input type="checkbox"/> GT Level II (non AP or Coop)
* CRISS Training
* 123 VC!! Jazzing Up Your Curriculum w/Videoconferencing
* GT Certification Test Prep
* GT College Course
* AP Vertical Team Training | <input type="checkbox"/> GT Houston Coop

<input type="checkbox"/> AP / PAP Summer Institute (APSI 30+ hrs)

<input type="checkbox"/> AP Vertical Team | <input type="checkbox"/> Other (MUST be approved in Advance by LCISD Director of Advanced Studies)

<input type="checkbox"/> Other (TAGT Approved) |
|--|--|--|

Participant's Full Name _____ Job Title _____

Campus/Department _____ Dept. _____

Title of Professional Development _____

Location/Provider of Professional Development _____

Date(s) of Professional Development _____ (ex: 03-01-2011 thru 03-05-2011)

Number of Hours (approved GT Hours only - **must** match hours on certificate)

Starting Time – End Time _____ AM PM thru _____ AM PM Other _____

I certify that I have attended the above training and that the information is correct.

Signature of Participant _____ Date _____

Signature of Presenter _____ Date _____
(not applicable if certificate is attached)

Signature of Principal/Supervisor _____ Date _____

Approval of Advanced Studies Director _____ Date _____

Office Use Only

Original-Advanced Studies Director
CC: Participant

Input by: _____
Date: _____