

**Watertown Public Schools**  
**CEU EQUIVALENT CREDIT VERIFICATION OF COMPLETION**

Name:	Soc. Sec. #:	Date:
School:	Department/Grade Level:	
Proposal/Activity Title:		
Date Approved:	# of CEU Equivalent Hours Approved:	
Description of Activity Completed: *		
Outcome(s): <i>(Indicate how student learning may improve.)</i>		
Summary of Evidence of Achievement: *		
Applicant's Signature:		

**CEU Manager will complete this section:**

Number of CEU Equivalent Credits Awarded:

\* **Attachments must be provided.**

CEU Manager: \_\_\_\_\_

Date: \_\_\_\_\_

*Revised July 2000*