Picture Perfect Science
West GYSTC

June 12-14, 2012

More information: srich@westga.edu
http://www.westga.edu/~gystc

Name____________________________________

School_____________________________________ System_________________

Position___________________________________ Grade Level_____________

Home Phone________________________________

Work Phone________________________________

Cell Phone________________________________

Mailing Address:
__________________________________________

__________________________________________

E-Mail Address_____________________________

Home Email_______________________________

Mail registration along with payment (or purchase order) and completed Prior Approval Form to:

West GYSTC
University of West Georgia
College of Education
Carrollton, GA  30118
Georgia Youth Science & Technology Centers, Inc.
Professional Learning Program
Application for Professional Learning Unit Credit
Prior Approval Form

Participant’s Name:
Home Address:

School: 
School System: 
Certification Type: 
Date of Birth: 

Name of Course: Picture Perfect Science

Check the categories for which this PLU credit applies:
☐ Field(s) of Certification 
☐ School/System/Individual Improvement Plan 
☐ Annual Personnel Evaluation 
☐ State/Federal Requirements 

Description of Course: This course will provide participants with the opportunity to study how children’s literature integration in science instruction meets standards and promotes student achievement. Participants will learn appropriate techniques from the 5-E method of science inquiry, and will also apply their knowledge to adapt and/or create activities for use in their classrooms.

Location of Course: Douglas County, GA
Dates of Course: June 12-14, 2012

Choose one of the following:
___ 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.

____ I’m not employed in a public or private school.

System Superintendent or Professional Learning Coordinator ____________________________ Date of Approval ____________________________

Signature of Participant ____________________________ Date of Approval ____________________________