

Oconee County Schools
**Professional Learning Program
PLU Course Completion Form**

To document satisfactory completion of School-Based PLU courses

Participant Information:

Name: _____ ID #: _____

Signature of Participant: _____ Date: _____

Location: _____

Course Information:

Title: _____ Course Number: _____

Course Dates: _____

Contact Hours: _____

Number of PLU Credits: _____

Training Agency Information:

Agency Name: **Oconee County Schools**

Contact Person: **Dr. Claire Miller**

Phone: 706-769-5130

Verifications:

Option I: **Mastery Verification**

Preparation phase/contact hours completed and competencies demonstrated.

Signature of Instructor OR PL Contact

Date

OR

Option II: **On-the-Job Assessment**

On-the-Job Assessment Satisfactorily completed.

Signature of Administrator

Date

Please return this completed form to Dr. Claire Miller in the Teaching and Learning Office.