

**VERIFICATION OF SUCCESSFUL COMPLETION FOR  
CEUE CREDIT FOR CERTIFICATION ONLY**

**INSTRUCTIONS:**

After completion of activity, send this form, along with certificate of completion to Mary Alvarez, Office of the Assistant Superintendent for Curriculum at TSO. Retain a copy for your files.

**NAME:** \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_

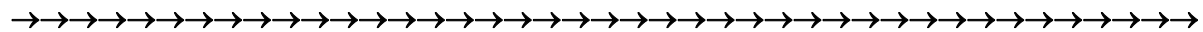
**Name of Activity:** \_\_\_\_\_  
(Use same name as on Prior Approval form)

**Show how objectives and expected outcomes have been achieved:** (include certificate of completion or other documentation for verification)

TOTAL HOURS: \_\_\_\_\_ Total CEU Equivalents Requested: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Staff Member**

\_\_\_\_\_  
**Date**



**This section needs to be approved by the Assistant Superintendent for Curriculum and Instruction at the TSO.**

In accordance with the Westport professional development policies and following my written prior approval, I recommend the above CEU Equivalent credits.

\_\_\_\_\_  
Brian A. Fagan, Assistant Superintendent

\_\_\_\_\_  
Date