

**PLU Course Completion Form**  
**Professional Learning**  
McIntosh County Schools

Participant Information

Name: \_\_\_\_\_ SS# \_\_\_\_\_  
(Last 4 Digits)

Employing System: \_\_\_\_\_

School/Worksite: \_\_\_\_\_

**Course Information:**

Course Title: \_\_\_\_\_

Date of Completion of all course requirements  
Including assessment: .....

Total Contact Hours of the Course:.....

Number of PLU Credits(10 hours=1PLU).....

**Check the categories for which this PLU credit applies:**

- Field(s) of Certification
- Annual Personnel Evaluation
- School/System/Individual Improvement Plan
- State/Federal Requirements

**Verifications:**

**Mastery Verification**

Prepared Phase/Contact Hours Completed

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Professional Learning

\_\_\_\_\_  
Date of Approval