

EXHIBIT Q: NSPDP Approval and Verification:

SPECIAL PROJECTS/ IN-SERVICES/ COURSES INSTRUCTOR/ CLASSROOM TEACHER

Name of Applicant: _____

Core/Elective #/Council: _____

Title/Objective: _____

In-service: A B

Number of peers in-serviced: _____

Special Project Instructor Course Journal Club Classroom Teacher Course

Manager/TL/EE&D signature: _____ Date: _____

Council Liaison/Chair signature: _____ Date: _____

Elective(s) Written Description: _____

For Elective 6: provide in comments section above an action plan which includes: a written description of the identified safety risk, action taken to ensure safety, and outcomes from the initiative.