

Professional learning Unit (PLU) Course Completion Form

To document satisfactory completion of PLU courses

Participant Information

Name: _____ SS# _____

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: _____

Check the categories for which this PLU credit applies:

- | | |
|--|--|
| <input type="checkbox"/> Field(s) of Certification | <input type="checkbox"/> School/System/Individual Improvement Plan |
| <input type="checkbox"/> Annual Personnel Evaluation | <input type="checkbox"/> State/Federal Requirements |

Training Agency Information:

Agency Name: American TESOL Institute

USA Headquarters

Contact Person: Jonathan Lazarus, Director Phone: 1-877-748-7900

Verifications:

Option I: Mastery Verification

Prepared Phase/Contact Hours Completed

Instructor's Signature

Date

Option II: On-The-Job Assessment

Observer's Signature

Date Assessment Completed