

# LDP

## Leadership Development Program

### Portfolio Review Form

Name: \_\_\_\_\_ Agency: \_\_\_\_\_ Job Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

**This form is REQUIRED in order to receive an award in Levels I through III. Even if you have previously submitted your training hours and Leadership Plan, this form notifies your advisor that you have completed an entire level and wish to receive an award this year.**

- Portfolio Submitted For:**
- Level I: (80 hours)
  - Level II: (80 hours)
  - Level III: (80 hours)

**Advisor Use Only:**

- Portfolio Approved
- Portfolio Returned for Additional Information:

Please complete the following pages to receive credit for your submission.

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**Listing of Hours:**

Required for Levels I, II, and III. See *Options for Earning Hours in Levels I-IV* for more information.

Listed below

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**At least 20 hours of OLTD-Sponsored Instructor-Led Classes Completed:**

Required for Levels I, II, and III. See #1 on *Options for Earning Hours in Levels I-IV* for more information.

Completed and Listed Below

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**Equivalency Review Forms:**

Required for credit for leadership projects, books, and/or non-pre-approved classes. See *Options for Earning Hours in Levels I-IV* for more information.

Enclosed       Previously Submitted

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**Level I: MBTI Class and Leadership Plan Section A Completed:**

Required for Level I. See *LDP Overview* for more information.

Enclosed       Previously Submitted

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**Level II: 20/20 Assessment and Leadership Plan Section B Completed:**

Required for Level II. See *LDP Overview* for more information.

Enclosed       Previously Submitted

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**Level III: LDP Level III Required Class and Leadership Plan Section C Completed:**

Required for Level III. See *LDP Overview* for more information.

Enclosed       Previously Submitted

*Fill out the chart, below. Feel free to use additional charts if you need extra lines. For a sample, see the LDP website.*

<b>Title/Description</b>	<b>Class/Leadership Project/Book</b> (Check One)	<b>Equivalency Form Submitted?</b> (Check One)	<b>Date/s</b>	<b>Hours</b>
	<input type="checkbox"/> Class <input type="checkbox"/> Leadership Project <input type="checkbox"/> Book	<input type="checkbox"/> Yes: Attached <input type="checkbox"/> Yes: Previously Submitted <input type="checkbox"/> No: Pre-approved class		
	<input type="checkbox"/> Class <input type="checkbox"/> Leadership Project <input type="checkbox"/> Book	<input type="checkbox"/> Yes: Attached <input type="checkbox"/> Yes: Previously Submitted <input type="checkbox"/> No: Pre-approved class		
	<input type="checkbox"/> Class <input type="checkbox"/> Leadership Project <input type="checkbox"/> Book	<input type="checkbox"/> Yes: Attached <input type="checkbox"/> Yes: Previously Submitted <input type="checkbox"/> No: Pre-approved class		
	<input type="checkbox"/> Class <input type="checkbox"/> Leadership Project <input type="checkbox"/> Book	<input type="checkbox"/> Yes: Attached <input type="checkbox"/> Yes: Previously Submitted <input type="checkbox"/> No: Pre-approved class		
	<input type="checkbox"/> Class <input type="checkbox"/> Leadership Project <input type="checkbox"/> Book	<input type="checkbox"/> Yes: Attached <input type="checkbox"/> Yes: Previously Submitted <input type="checkbox"/> No: Pre-approved class		
	<input type="checkbox"/> Class <input type="checkbox"/> Leadership Project <input type="checkbox"/> Book	<input type="checkbox"/> Yes: Attached <input type="checkbox"/> Yes: Previously Submitted <input type="checkbox"/> No: Pre-approved class		
	<input type="checkbox"/> Class <input type="checkbox"/> Leadership Project <input type="checkbox"/> Book	<input type="checkbox"/> Yes: Attached <input type="checkbox"/> Yes: Previously Submitted <input type="checkbox"/> No: Pre-approved class		
	<input type="checkbox"/> Class <input type="checkbox"/> Leadership Project <input type="checkbox"/> Book	<input type="checkbox"/> Yes: Attached <input type="checkbox"/> Yes: Previously Submitted <input type="checkbox"/> No: Pre-approved class		
	<input type="checkbox"/> Class <input type="checkbox"/> Leadership Project <input type="checkbox"/> Book	<input type="checkbox"/> Yes: Attached <input type="checkbox"/> Yes: Previously Submitted <input type="checkbox"/> No: Pre-approved class		
	<input type="checkbox"/> Class <input type="checkbox"/> Leadership Project <input type="checkbox"/> Book	<input type="checkbox"/> Yes: Attached <input type="checkbox"/> Yes: Previously Submitted <input type="checkbox"/> No: Pre-approved class		
	<input type="checkbox"/> Class <input type="checkbox"/> Leadership Project <input type="checkbox"/> Book	<input type="checkbox"/> Yes: Attached <input type="checkbox"/> Yes: Previously Submitted <input type="checkbox"/> No: Pre-approved class		
<b>TOTAL HOURS</b>				

Title/Description	Course/Experiential Project (Check One)	Equivalency Form Submitted? (Check One)	Date/s	Hours
	<input type="checkbox"/> Class <input type="checkbox"/> Leadership Project <input type="checkbox"/> Book	<input type="checkbox"/> Yes: Attached <input type="checkbox"/> Yes: Previously Submitted <input type="checkbox"/> No: Pre-approved class		
	<input type="checkbox"/> Class <input type="checkbox"/> Leadership Project <input type="checkbox"/> Book	<input type="checkbox"/> Yes: Attached <input type="checkbox"/> Yes: Previously Submitted <input type="checkbox"/> No: Pre-approved class		
	<input type="checkbox"/> Class <input type="checkbox"/> Leadership Project <input type="checkbox"/> Book	<input type="checkbox"/> Yes: Attached <input type="checkbox"/> Yes: Previously Submitted <input type="checkbox"/> No: Pre-approved class		
	<input type="checkbox"/> Class <input type="checkbox"/> Leadership Project <input type="checkbox"/> Book	<input type="checkbox"/> Yes: Attached <input type="checkbox"/> Yes: Previously Submitted <input type="checkbox"/> No: Pre-approved class		
	<input type="checkbox"/> Class <input type="checkbox"/> Leadership Project <input type="checkbox"/> Book	<input type="checkbox"/> Yes: Attached <input type="checkbox"/> Yes: Previously Submitted <input type="checkbox"/> No: Pre-approved class		
	<input type="checkbox"/> Class <input type="checkbox"/> Leadership Project <input type="checkbox"/> Book	<input type="checkbox"/> Yes: Attached <input type="checkbox"/> Yes: Previously Submitted <input type="checkbox"/> No: Pre-approved class		
	<input type="checkbox"/> Class <input type="checkbox"/> Leadership Project <input type="checkbox"/> Book	<input type="checkbox"/> Yes: Attached <input type="checkbox"/> Yes: Previously Submitted <input type="checkbox"/> No: Pre-approved class		
	<input type="checkbox"/> Class <input type="checkbox"/> Leadership Project <input type="checkbox"/> Book	<input type="checkbox"/> Yes: Attached <input type="checkbox"/> Yes: Previously Submitted <input type="checkbox"/> No: Pre-approved class		
	<input type="checkbox"/> Class <input type="checkbox"/> Leadership Project <input type="checkbox"/> Book	<input type="checkbox"/> Yes: Attached <input type="checkbox"/> Yes: Previously Submitted <input type="checkbox"/> No: Pre-approved class		
	<input type="checkbox"/> Class <input type="checkbox"/> Leadership Project <input type="checkbox"/> Book	<input type="checkbox"/> Yes: Attached <input type="checkbox"/> Yes: Previously Submitted <input type="checkbox"/> No: Pre-approved class		
<b>TOTAL HOURS</b>				