



Approval Verification Form For Educators Leaving a LPDC

This verifies that the attached Individual Professional development Plan was approved , and that

_____ (name of educator) _____ (social security number)

has completed the following credits toward completion of the plan since the date below:

_____ (date)

_____ college/university **semester** hours

_____ college/university **quarter** hours

_____ LPDC approved professional development activities (CEUs)

_____ (authorized signature) _____ (date)

Print name of Authorized Signer _____

Name of School District _____

Name of LPDC, if different _____

LPDC address _____

LPDC contact person _____

LPDC telephone number _____