



Approval Verification Form For Educators Leaving a LPDC

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

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(name of educator)

(social security number)

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

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(date)

	college/university semester hours
	college/university quarter hours
	LPDC approved professional development activities (CEUs)

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(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	