



FOR EDUCATORS LEAVING A LPDC
Approval Verification Form

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 approve professional development activities (CEU's)

(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
