

Approval Verification Form for Educators Leaving the LPDC

This verifies that the attached Individual Professional Development Plan was approved

on _____, and that _____
(date) (name of educator)

has completed _____ college/university semester hours and
_____ local Continuing Education Units equaling _____ semester
hours toward the completion of this plan.

(date) (name of authorized signature)

Name of School District _____

Name of LPDC _____

LPDC Address _____

LPDC contact person _____

LPDC phone number _____