

Approval Verification Form For Educators Leaving a LPDC

This verifies that the attached Professional Development Plan (PDP) was approved on

_____, and that _____ has completed
(date) (name of educator)

the following credits toward completion of the PDP since the date above.

_____ college/university *semester* hours

_____ college/university *quarter* hours

_____ LPDC approved CEUs

_____ credits for "other equivalent activities"

_____ (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 _____