

Clyde-Green Springs Local Professional Development Committee

Reciprocal Verification Form

*This form is to be completed by certificated persons new to the Clyde-Green Springs Schools. It is the responsibility of the employee to insure this form is complete and submitted to the LPDC.*

This verifies that the attached **Individual Professional Development Plan** was approved on \_\_\_\_\_ and that \_\_\_\_\_  
(date) (name of educator)

has completed \_\_\_\_\_ university or college semester hours and/or

has completed \_\_\_\_\_ local Continuing Education Units (CEUs) and/or

has completed \_\_\_\_\_ local equivalent activity hours, the total of which equal \_\_\_\_\_ semester hour(s) equivalent toward the completion of this IPDP.

Signature of previous LPDC Chairperson \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Address \_\_\_\_\_

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