

**Approval Verification Form
For Educators Leaving a LPDC**

This verifies that the attached Individual Development Plan was approved on _____, and that _____
(date) (name and social security number of educator)

has completed the following credits toward completion of the plan since the date above.

_____ college/university **semester** hours

_____ college/university **quarter** hours

_____ LPDC approved professional development activities (CEUs)

_____ authorized signature _____ date

Print name of Authorized Signer _____

Name of School District _____

Name of LPDC (if different) _____

LPDC Address _____

LPDC contact person _____

LPDC phone number _____