
**APPROVAL VERIFICATION FORM
FOR EDUCATORS LEAVING THE EASTERN BROWN LPDC**

This verifies that the attached Individual Professional Development Plan was approved on _____ and that _____
Date Name of Educator
completed college/university semester hours and _____ local
professional development units equaling _____ semester hours toward the
completion of this plan.

Date Name or Authorized Signature

Authorized Signature

Name of School District

LPDC Address

LPDC Contact Person
