

Approval Verification Form
For Educators Leaving a LPDC

This verifies that the attached Individual Professional development Plan was approved, and that

_____ (name of educator) _____ (social security number)

has completed the following credits toward completion of the plan since the date below:

_____ (date)

_____ college/university **semester** hours

_____ college/university **quarter** hours

_____ LPDC approved professional development activities (CEU's)

_____ (authorized signature) _____ (date)

Print name of Authorized Signer _____ Patricia Allen _____

Name of School District _____ Trotwood-Madison City Schools _____

Name of LPDC, if different _____ Trotwood-Madison LPDC _____

LPDC address _____ 3594 N. Snyder Rd _____

_____ Trotwood, Ohio 45426 _____

LPDC contact person _____ Mary Martin _____

LPDC telephone number _____ (937) 854-3050, Ext. 1123 _____