



Making a
difference
together

Individual Professional Development Plan

CEU Approval Verification Form For Educators Leaving an LPDC

This verifies that the attached Individual Professional development Plan was approved

on _____, and that _____
(date) (name 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 CEUs

_____ credits for "other equivalent activities"

(authorized signature) (date)

Print name of Authorized Signer _____

Name of E.S.C. _____

Name of LPDC, if different _____

LPDC address _____

LPDC contact person _____

LPDC telephone number _____