

Tuscarawas Valley Local Schools  
Approval Verification Form  
For Educators Leaving a LPDC



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

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 School District \_\_\_\_\_

Name of LPDC, if different \_\_\_\_\_

LPDC address \_\_\_\_\_

\_\_\_\_\_

LPDC contact person \_\_\_\_\_

LPDC telephone number \_\_\_\_\_