



Garfield Heights City Schools

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 (CEUs)

_____ (authorized signature)

_____ (date)

Print name of Authorized Signer: _____

Name of School District: Garfield Heights City Schools

Name of LPDC, if different: same

LPDC Address: _____

LPDC Contact Person: _____

LPDC telephone number: _____