

YELLOW SPRINGS LPDC

APPROVAL VERIFICATION FORM FOR EDUCATORS LEAVING THE LPDC

This verifies that the attached Individual Professional Development Plan was approved by the

Yellow Springs Local Professional Development Committee on _____, and that

(Date)

_____ has completed _____ college/university semester hours

(Name of educator)

and local Continuing Education Units equaling _____ semester hours toward the completion of this plan.

FOR YSLPDC USE ONLY

Date Processed: _____

YSLPDC Chair Signature: _____

Yellow Springs Exempted Village Schools
201 South Walnut Street
Yellow Springs, Ohio 45387
Phone (937) 767-7381