

ACTIVITY VERIFICATION FORM

Name:	Submission Date:
Building:	Assignment:
Date(s) of Professional Development:	
Location of Professional Development:	
Title of Professional Development: (<i>Specify</i>)	

DATE	HOURS	DESCRIPTION OF ACTIVITIES
Total Hours		

Name: _____ **Submission Date:** _____
Administrator Signature _____ **Date** _____

DO NOT MARK BELOW THIS LINE. FOR LPDC USE *ONLY*.

Approve as written **-OR-** Revise/Resubmit

Revision Advice:

LPDC Authorized Signature _____ Title _____ Date _____