

**EASTWOOD LOCAL PROFESSIONAL DEVELOPMENT COMMITTEE  
ACTIVITY/COURSEWORK VERIFICATION FORM**

Name: \_\_\_\_\_

District: \_\_\_\_\_

Group 4: \_\_\_\_\_

Educator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Complete this box for pre-approval of Group 4 activities or coursework only. Describe the impact this activity/coursework will have on your professional development and how it helps meet your professional development goals.

LPDC Pre-approval: \_\_\_\_\_ Date: \_\_\_\_\_

Date	Hours	Description of Activities
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Hours \_\_\_\_\_ (Complete new form for each activity/coursework)

\_\_\_\_\_  
Committee Chairperson's Signature

\_\_\_\_\_  
Date

**OR**

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Date