EASTWOOD LOCAL PROFESSIONAL DEVELOPMENT COMMITTEE
GROUP 3 & 4 ACTIVITY PRE-APPROVAL AND VERIFICATION FORM

Name: _____

District: _____

Pre-Approval Activity: _____

Educator's Signature: _____ Date: _____

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)

_____ _____

LPDC Committee Chairperson's Signature (Upon Completion) Date

OR

_____ _____

Administrator's Signature (Upon Completion) Date

Revised 8/1/24