

Columbus Grove Local Professional Development Committee Activity Verification Form – Group 2 Activities

Name _____ School _____

Type of Activity _____

Educator's Signature _____ Date _____

Complete this box for preapproval of Group 2 Activities only. Describe the impact this activity will have on your professional development and how it helps to meet your professional development goals.

LPDC preapproval _____

Date _____

Date

Hours

Description of Activities

<u>Date</u>	<u>Hours</u>	<u>Description of Activities</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Hours _____

(Complete New Form For Each Activity)