

MARGARETTA LOCAL PROFESSIONAL DEVELOPMENT COMMITTEE

ACTIVITY VERIFICATION FORM - GROUP 3 & 4 ACTIVITIES

Name _____ Building _____

Type of Activity _____

Check One: Group 3 _____ Group 4 _____

Educator's Signature _____ Date _____

Complete this box for preapproval of Group 4 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 _____

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

Total Hours _____

(Complete new form for each activity)