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LAFAYETTE
PARISH SCHOOL SYSTEM

Professional Development

Title:

Description of Activities:

Date:_____Time:_____Continuing Learning Units:_____

Workshop Sponsor:_____Presenter:_____

Name	Signature	Department /School	Last Four Digits of SS#

I verify that the above signatures indicate attendance at the Professional Development activity.

_____ _____

Signature of Sponsoring Administrator Date

113 Chaplin Drive ~ Lafayette, Louisiana 70508 ~ 337.521.7000 ~ lpssonline.com

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