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| Comet Credit  Personalized Learning Plan  Verification Form | | |
| Personal Learning Goals: | | |
| Date | Professional Development Description | Hours |
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| District Administrator Signature: |  |
| Date: |  |

Use this form to document your personalized learning plan. Once the plan is complete, an authorized district administrator must sign and date the form. Return all forms to [jeni.peterson@mayvillestate.edu](mailto:jeni.peterson@mayvillestate.edu)