

Type or Print

___ Original
___ Revision

Individual Professional Development Plan
Danville Local Schools, KCESC Staff, SERRC Staff, Kokosing Early Childhood

Name: _____

Submission Date: _____

Present Teaching Assignment:

Certification Information:

License Number	Area	Issue Date	Exp. Date

Professional Growth Options

Option 1: 6 Semester Hours (related to area/areas of licensure & IPDP)

Option 2: 18 CEUs (180 clock hours required)

Group A: Professional Conferences - see booklet

Group B: Committee Work - see booklet

Group C: Independent Activities/Projects - see booklet

Option 3: Combination of Option 1 and 2

Semester Hours (Anticipated number of hours)

CEUs

Group A: Workshops

Group B: Committee Work

Group C: Independent Activities

Important Notes:

- 1. UNDER THE NEW STANDARDS, YEARS OF TEACHING NO LONGER COUNT TOWARDS CERTIFICATION.**
2. If you need/desire to change your goals, please send in a revised IPDP and submit an addendum.
3. This form is required.
4. Please submit copy of Certificate or License.
5. North Central Association accreditation statement.

Section II - Must be completed for all IPDP proposals. Section II may be computer generated and attached to this form

Your IPDP Plan must include the following:

A. List your professional development goals (3-5):

B. Explain how your plan is relevant to subject area content, instructional practices, and or learners:

C. Briefly explain how these goals relate to school district CIP and/or building CIP goals:

Educator's Signature _____

Date: _____

LPDC Signature: _____

Date: _____