
**EASTERN LOCAL SCHOOL DISTRICT
 LOCAL PROFESSIONAL DEVELOPMENT COMMITTEES
 INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN (IPDP)
 APPLICANT CHECKLIST – FOR APPLICANT USE ONLY**

NAME: _____

This form contains the criteria that will be used to judge your IPDP. Use it to ensure quality professional development and efficient processing of your IPDP.

MY IPDP INCLUDES:	YES	NO	N/A*
1. a goal and rationale which supports the district and building mission goals	_____	_____	_____
2. proposed activities and anticipated outcomes which meet the requirements established in the options guidelines	_____	_____	_____
3. a plan which meets the definition of professional development**	_____	_____	_____
4. a five year plan form which has been thoroughly completed	_____	_____	_____
5. procedures to verify completion of proposed activities	_____	_____	_____

*Any marks in the N/A column need to be clarified thoroughly in writing.
 **Professional Development is a goal-oriented, planned, on-going process of meaningful professional improvement, which is guided by the building and district mission statements. Professional development is characterized by its individual relevance, authenticity, and positive impact on student learning and performance. To assure meaningful experiences, professional development activities need to be sustained and facilitated over time.