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**EASTERN LOCAL SCHOOL DISTRICT**

**INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN**

**FINAL REVIEW**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| Name: | License Type: |
| Building: | Subject Area: |
| License #: | Exp. Date: |
| **For Plan from       to** | |

**Actual Activities (Attach Overflow to Form) Credits/Contact Hours Earned**

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
| Other: |  |
| TOTAL |  |

Reflection – Statement: How successful have you been in fulfilling the goal(s) of your plan?

Why do you draw that conclusion? How did the above activities relate to fulfilling the goal(s)?

How has student learning been affected by the activities in which you participated? What other

impact has working toward the goal had in or out of your classroom?

\* \* \* \* \* \* \* \* \* \* \* \*

**For LPDC Use Only:**

Feedback: Total Credits/Contact Hours earned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Committee Chairperson Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Committee Recorder Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_