**INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN**

**VITAL INFORMATION COVER SHEET**

*Please complete the first section thoroughly:*

NAME:

HOME ADDRESS:

TEACHING ASSIGNMENT:

BUILDING:

PHONE NUMBERS: PERSONAL       SCHOOL EXT:

E-MAIL:

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

License identification number:

List areas on your current license:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Issue of this License

Date this License Expires

Total number of Ohio Licenses

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

**FOR LPDC USE ONLY:**

Date IPDP submitted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approval date \_\_\_\_\_\_\_\_\_\_\_\_

Review date (if requested) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date final documentation submitted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Final review date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approval date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHAIRPERSON’S SIGNATURE OF FINAL APPROVAL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EASTERN LOCAL SCHOOL DISTRICT**

**INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN**

|  |  |
| --- | --- |
| Name:       | License Type:       |
| Building:  | Subject Area:       |
| License #:        | Exp. Date:       |
| **For Plan from 20 to 20** |

**Overall Goal(s):** (If you need more room please add attachment.)

### Rationale: (If you need more room please add attachment.)

###

###  Proposed Activities/Options Anticipated Credits/Hours

**Note:** (6 Semester Hours or 180 Contact Hours or combination of the two Needed for Renewal)

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

**Anticipated Results:** (If you need more room please add attachment.)

For LPDC Use Only: Date Submitted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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