

**Individual Professional Development Plan
Frontier Local Schools**

Name _____

Certificate/License 1 _____ Valid From July 1, 20____ to June 30, 20____
Type Teaching Field(s) Issue Date

Certificate/License 2 _____ Valid From July 1, 20____ to June 30, 20____
Type Teaching Field(s) Issue Date

Certificate/License 3 _____ Valid From July 1, 20____ to June 30, 20____
Type Teaching Field(s) Issue Date

*****See Certificate Type and Teaching Field Codes on Page *****

Date IPDP Submitted _____

Expiration Date of Longest Standing Certificate/License June 30, _____

(If you have any certificates/ licenses with an expiration date, write the expiration date of the longest standing certificate/ license. If you have a permanent certificate, you can write an IPDP for 5 years. The expiration date above would be 5 years from the year your IPDP was submitted.)

List your professional development goals below. The Licensure Standards require that goals be based on your needs as an educator, the needs of your students, and the needs of your building and district. For each goal tell what needs the goal addresses and how you determined those needs. Finally, describe the professional development activities you will engage in to reach each goal.

Goal 1: (related to your needs, needs of students, and needs of your building and district)

Rationale for Goal: (what needs does the goal address and how did you determine those needs)

Activities: (describe the professional development you will engage in to reach the goal)

Goal 2: (related to your needs, needs of students, and needs of your building and district)

Rationale for Goal: (what needs does the goal address and how did you determine those needs)

Activities: (describe the professional development you will engage in to reach the goal)

Goal 3: (related to your needs, needs of students, and needs of your building and district)

Rationale for Goal: (what needs does the goal address and how did you determine those needs)

Activities: (describe the professional development you will engage in to reach the goal)

Educator's Signature _____ **Date Submitted** _____

LPDC USE:

LPDC Verification _____ **Date** _____

_____ **IPDP Approved**

_____ **IPDP Returned for Revision (Please see comments.)**

***Please resubmit revised IPDP or submit an appeal**

request to the LPDC by _____ .