



## Individual Professional Development Plan

Name \_\_\_\_\_ New IPDP \_\_\_\_\_ Amended IPDP \_\_\_\_\_

Current License(s) \_\_\_\_\_ Expiration Date(s) \_\_\_\_\_

Current Assignment(s) \_\_\_\_\_ Building \_\_\_\_\_

List the goals to be addressed during this renewal cycle. (Minimum of three). These must be in direct relationship with the Ohio Educator Standards, as they pertain to your current work assignment. If pursuing a graduate degree, your goal may just reflect that intention. Please sub it this form to human resources who will forward it to the LPDC chair and committee.

Ohio Educator Standard (number)	Professional Development Goal (What you expect to learn)	How to Acquire (See Options)
_____		
_____		
_____		

I certify that the information provided in the Individual Professional Development Plan is true and accurate to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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to be completed by the BCESC LPDC

\_\_\_\_\_ This IPDP has been approved as submitted.

\_\_\_\_\_ This IPDP has merit, but has not been approved as submitted. Please see comments from the LPDC committee and resubmit the plan.

Signature of LPDC Chair \_\_\_\_\_ Date \_\_\_\_\_