

INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN

Adopted August 24, 2004

Educator's Name _____ Social Security # _____

Home Address _____ City, State, Zip _____

Home Phone _____ Work Phone _____ E-Mail _____

Check One: Initial Proposal _____ Employing District _____
 Revised Proposal _____ Building _____

Check if a substitute teacher _____ Teaching Assignment _____

License/certification expiration date: _____

List All Certificates/ Licenses by Number	Five (5) or Eight Year License/ Certificate	Area	Issue Date	Expiration Date

Is this a renewal of your license? _____ Is this a conversion to a five (5) year license? _____

Below, briefly explain each of your professional development goals, how they relate to the district's CIP goals, and how they will be implemented. Keep in mind that these goals should be centered Around developing yourself professionally to bring about increased student achievement.

Goal 1
How does this goal align with the district CIP goals?
How will your plan be implemented?
Goal 2

Goal 2 - How does this goal align with the district CIP goals?
How will your plan be implemented?
Goal 3
How does this goal align with the district CIP goals?
How will your plan be implemented?

Must be completed for all IPDP proposals. Select one option.

- _____ Option 1: Six (6) Semester Hours
 Requirements:
 - A. Course work for semester hours must meet the Willard City Schools Standards and Guidelines for Professional Development.
 - B. Course work must be taken at an accredited college or university.
 - C. If your coursework is part of a program for an advanced degree in education or for upgraded certification or licensure, attach a copy of your approved program.

- _____ Option 2: Eighteen (18) CEUs
 Requirements:
 - A. Workshops and/or seminars must meet the Willard City Schools Standards and Guidelines for Professional Development.
 - B. Workshops and/or seminars must have been approved by the LPDC.
 - C. A verification form with a raised seal or provider signature which includes the number of contact hours and CEUs earned must be submitted to the LPDC.

- _____ Option 3: Other Approved Activities
 Requirements:
 - A. Other Approved Activities must meet the Willard City Schools Standards and Guidelines for Professional Development.
 - B. Individuals designing Other Approved Activities must prepare a proposal outlining the planned activities and the number of CEU hours requested for those activities. Ten (10) contact hours = (1) CEU.

- _____ Option 4: Combination of the Above
 Requirements:
 - A. All requirements and verification in the appropriate section above must be followed.
 - B. The parts of the project must total the equivalent of 18 CEUs One (1) CEU = ten (10) contact hours; three (3) CEUs = one (1) semester hour; 2 CEUs = one (1) quarter hour.

Master's Program:

Will you be enrolled in a graduate program during the renewal cycle?
____ Yes ____ No If yes, complete the following:

College/University _____

Degree _____ Anticipated Completion Date _____

Major Advisor _____ Phone # _____

Provide a brief rationale for pursuing this degree:

Approved/Not Approved

(To be completed by the LPDC)

_____ This Individual Professional Development Plan has been approved as submitted.

_____ This Individual Professional Development Plan has merit, but, as submitted, **has not been approved.**
Please note highlighted sections and then consult the LPDC procedures. Revise and resubmit you IPDP.

Reason for revision:

Signature of LPDC Chairperson -- Date

Signature of LPDC Recorder - Date