

**INDIVIDUAL PROFESSIONAL
DEVELOPMENT PLAN
PROPOSAL**

Today's Date_____

IDENTIFYING INFORMATION

Name_____ Social Security #_____

School Building_____

School e-Mail Address_____

Current Certificate/License Number_____

Expiration Date_____ Check one: _____ Provisional _____ Professional

Area (s) of Certification Covered by Certificate_____

GOALS

What are your individual professional development goals?

How do these goals relate to our district goals (CIP) and your building goals?

AREA OF PROFESSIONAL DEVELOPMENT

Select activities from CEU Options and give a brief explanation as to how each activity relates to personal, building, and district goals.

INSTRUCTIONAL APPROACHES AND IMPROVING STUDENT LEARNING

[Empty box for describing activities under the category 'INSTRUCTIONAL APPROACHES AND IMPROVING STUDENT LEARNING']

CEUs Semester
Hours

CONTENT AREA AND RELATED TEACHING METHODS

[Empty box for describing activities under the category 'CONTENT AREA AND RELATED TEACHING METHODS']

CEUs Semester
Hours

CLASSROOM MANAGEMENT AND ASSESSMENT

[Empty box for describing activities under the category 'CLASSROOM MANAGEMENT AND ASSESSMENT']

CEUs Semester
Hours

AREA OF PROFESSIONAL DEVELOPMENT

REFLECTIVE PRACTICE

[Empty box for Reflective Practice description]

CEUs Semester
Hours

TEACHER PROFESSIONALISM

[Empty box for Teacher Professionalism description]

CEUs Semester
Hours

APPROVAL

I have reviewed this IPDP and agree with the activities planned for professional development.

Principal's Signature _____ *Date* _____

We have reviewed this IPDP for the above named individual and make the following decision.

- _____ IPDP is approved as written.
- _____ IPDP remains under consideration. Please respond to the attached recommendations.
- _____ IPDP is not approved.
- _____ Please resubmit your IPDP to the LPDC by _____

LPDC Signature _____ *Date* _____