

TO BE COMPLETED BY EMPLOYEE

Name _____

Date Submitted _____ School Building _____

List the type of certificates/license(s) you hold, the issue date(s) and expiration date(s).

	<u>Issue Date</u>	<u>Expiration Date</u>
_____	___/___/___	___/___/___
_____	___/___/___	___/___/___
_____	___/___/___	___/___/___

Describe your personal improvement and educational goals you intend to achieve in this license cycle including the attainment of new knowledge and skills, and then eventual impact on student achievement. (HQPDP Standards 5 and 6) (Please use back of this form if more space is needed)

Describe how your goals align with district and building goals. (HQPDP Standard 1) (Please use back of this form if more space is needed)

What option(s) will you use to meet requirements for certificate/license renewal? (HQPDP Standard 4)

(Check all that apply and indicate hours, number of CEU's, and type of options as appropriate.)

____ College coursework: Semester hours _____ Quarter hours _____
____ CEU's (including building grade level and department meetings): Number of contact hours _____
____ Educational options: _____

(Please see <http://og.noacsc.org/OG/ceus.htm>)

Employee's Signature _____

OFFICE USE

Principal's Signature _____

IPDP Approved _____ LPDC Signature _____

Date Approved _____ Entered in LPDC Database _____

