

TO BE COMPLETED BY EMPLOYEE

Name _____ Building _____

Date new license was issued by ODE ____ / ____ / ____

Type of license(s) you hold. License Effective Date Expiration Date

Table with 3 columns: License Type, License Effective Date, Expiration Date. Contains 5 rows of blank entries.

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. (HQPD Standards 5 and 6) (Please use back of this form if more space is needed.)

Five horizontal lines for writing goals and impact.

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

Five horizontal lines for writing alignment.

Please check what option(s) you will use to meet requirements for license renewal. (HQPD Standard 4) (A total of 6 semester hours or 18 CEUs or a combination of the two is needed to renew.)

_____ Semester Hours Number of Semester Hours _____
_____ CEUs Number of CEUs _____ (see options on LPDC website)

Employee's Signature _____ Date _____

APPROVAL

Principal's Signature _____ Date Approved _____*

*Approval date cannot be prior to issue date (see above)

LPDC Signature _____ Date _____

Date Entered in LPDC Database _____

