

Ross-Pike County ESD

Individual Professional Development Plan/Goal Sheet

Name:	Submission Date:
Building/Assignment:	
Type of Certificate/License: (attach a copy)	
Area of Licensure:	
Issue Date: Expiration Date:	Effective Date:
Plan Type (select one): <input type="checkbox"/> Initial Proposal <input type="checkbox"/> Revised Proposal <input type="checkbox"/> Amended Proposal	
Renewal Cycle (select one): <input type="checkbox"/> Transitioning from Certificate to License <input type="checkbox"/> 1 st Renewal of 5-Year License <input type="checkbox"/> 2 nd Renewal of 5-Year License <input type="checkbox"/> 3 rd + Renewal of 5-Year License	
Goals: List 3 goals for your professional development learning. Within each goal, include 3 distinct aspects: (1) intention to engage in learning; (2) focus for learning; and (3) rationale for and application of learning. Indicate which Ohio Educator Standard(s) each goal reflects. (See sample goal below.)	
<i>Sample Goal:</i> <i>I will increase my knowledge of strategies to manage groups of students in order to improve classroom discipline.</i> <i>Educator Standards:</i> <i>Teacher Standard #1: Teachers understand student learning and development and respect the diversity of the students they teach.</i> <i>Teacher Standard #5: Teachers create learning environments that promote high levels of learning and achievements for all students.</i>	
Goal 1	
Educator Standard	
Goal 2	
Educator Standard	

Goal 3

Educator Standard

Please provide details of the work you plan to complete, such as requirements from Group 1, 2, 3, or 4. Please include an estimated timeline for your accumulation of credit hours, CEUs, or contact hours.

DO NOT MARK BELOW THIS LINE, FOR LPDC USE ONLY.

€ Revise/Resubmit

Revision Advice:

-OR-

€ Approved as written.

Approval Signature _____ Date

Individual Professional Development Plan Review

Name _____ SS# or LIC #

Current Assignment _____ Current Cert/Lic. Area

Date Submitted _____ Date Reviewed

Below this line to be completed by the LPDC

1. Professional Development Plan is relevant to the educational needs of students, the educator, and the organization.
 Yes No Revisions Needed
2. Rationale for the IPDP is clear and appropriate.
 Yes No Revisions Needed
3. IPDP goals are relevant, realistic, and attainable.
 Yes No Revisions Needed
4. Course work is relevant to the educator's area of certification or licensure.
 Yes No Revisions Needed
5. Professional development activities reflect high quality.
 Yes No Revisions Needed
6. A timeline for the completion of professional development activities has been provided.
 Yes No Revisions Needed
7. The IPDP reflects a sincere commitment to professional growth and the improvement of teaching.
 Yes No Revisions Needed

Individual Professional Development Plan Approved Revisions Needed

Reasons for not being approved:
