

Individual Professional Development Plan: Cover Sheet

Date plan submitted to LPDC:			Covers the school year	'S	to
Name			State ID#		
Last	First	MI			
Home Address					
	City		State	Zip	
List all certificates/licenses to v	vhich this plan appl	ies – complete	each line – attach copies o	f each	
Certificate/License #	Type of License				Expiration
(this is your State ID#)	(ex. 5 yr. Professional Pupil Services – School Psychology)				Date
Teaching/Professional Assignm	ent(s) for present s	chool year of _			
Position	Grade(s)		Building(s)		
-	, ,				
DBODOCAL DEVIEWED BY LDDO	Data I DDC Signatura				
PROPOSAL REVIEWED BY LPDC (FALL): (Personal goal and activity sheet attached)		DateLPDC Signature			
		ACTION TAKEN: □ Approved □ Rejected □ Revision Needed			
DOCUMENTATION REVIEWED BY LPDC (SPRING):		Date	LPDC Signature		
(See attached activities record)					
REQUEST FOR FINAL REVIEW A	ND RECOMMENDA	TIONS			
I certify that I have completed t	he requirements		-1		
of my IPDP and all IPDP forms h	ave been submitted	I. Date	Educator's Signati	ıre	
RECOMMENDATION FOR RECE	RTIFICATION/LICEN	<u>SURE</u>			
Date received by LPDC		ACTION TAKE	N: ☐ Approved ☐ Rejec	ted 🖵 Revisi	on Needed
LPDC Signature					