



## Individual Professional Development Plan (IPDP) COVER SHEET

DATE SUBMITTED TO LPDC: \_\_\_\_\_

NAME: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DAYTIME \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

**Please indicate the certificate/license to which this IPDP applies:**

Certificate/License Number	Certificate Type	Certificate Area	Certificate Expiration Date

*\*Please attach copy of certificate/license.*

### ***Do Not Write Below (Committee Use Only)***

#### **Criteria for IPDP Approval**

The following criteria will be used to evaluate your IPDP for pre-approval and final recommendation for re-certification/licensure:

**The scope of the IPDP appears relevant to the educator's assignment, professional role and/or responsibilities**

**Learning outcomes are identified/outlined for each goal**

**The IPDP Professional Development Activities are:**

Consistent with established learning goals

Relevant to the work assignment

Compatible with other practices that are currently or will be in use

Pre-Approval	Final Approval

Reviewed by LPDC: \_\_\_\_\_

Pre-Approval Review Date: \_\_\_\_\_ ☐ Approved ☐ Disapproved

\*Revision Requirements \_\_\_\_\_

(See Attached)

#### **Request for Final Review and Recommendation**

I certify that I have completed the requirements of my IPDP. All IPDP forms and appropriate documentation are attached. Please consider approval for renewal application.

Educator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Recommendation for Recertification/Licensure**

Date Received by LPDC: \_\_\_\_\_ Action taken: ☐ Approved ☐ Disapproved

LPDC Signature: \_\_\_\_\_