

TYPE OR PRINT

____ ORIGINAL
____ REVISION

INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN

Norway Local Schools

NAME _____

BUILDING _____

DATE SUBMITTED _____

**CURRENT CERTIFICATES
OR LICENSES HELD**

CERT. #

EXPIRATION DATE

- | | | | |
|----|-------|-------|-------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |

SECTION I

IDENTIFY YOUR PROFESSIONAL AND ASSIGNMENT GOALS FOR THE YEARS UNTIL THE RENEWAL OF YOUR CERTIFICATE OR LICENSE AND EXPLAIN HOW THEY WILL IMPACT STUDENT ACHIEVEMENT. (Attach additional pages if needed)

1.

2.

SECTION II

OPTIONS FOR PROFESSIONAL DEVELOPMENT TO MEET THE REQUIREMENTS FOR CERTIFICATE RENEWAL

Please check one of the following four options:

- ____ 1. 6 SEMESTER HOURS -- college credits
- ____ 2. 18 CEU's -- professional development workshops or meetings
- ____ 3. OTHER LPDC APPROVED ACTIVITIES -- committee work, special projects, etc.
- ____ 4. COMBINATION OF ALL THREE

I certify that the information provided in this Individual Professional Development Plan is true and accurate to the best of my knowledge.

SIGNATURE

DATE

Submit this signed document to your building LPDC representative. The LPDC plan must be approved before taking any courses or workshops for this licensing cycle.

The following section will be completed by the LPDC committee after reviewing above IPDP.

_____ THIS INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN HAS **BEEN APPROVED AS SUBMITTED.**

_____ THIS INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN HAS **NOT BEEN APPROVED AS SUBMITTED** -- PLEASE MAKE REVISIONS TO HIGHLIGHTED AREAS AND RESUBMIT YOUR IPDP.

SIGNATURE OF LPDC CHAIRPERSON

DATE

COMMITTEE MEMBERS (initial)
