Ross-Pike County ESD

Individual Professional Development Plan/Goal Sheet

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| Name: | Submission Date: |
| Building/Assignment: |
| Type of Certificate/License: |
| Area of Licensure: |
| Effective Date of new license: Expiration Date of new license: |
| Plan Type (select one):* Initial Proposal
* Revised Proposal
* Amended Proposal
 |
| IPDP Effective Date: *From: to* |
| Renewal Cycle (select one):* Transitioning from Certificate to License
* 1st Renewal of 5-Year License
* 2nd Renewal of 5-Year License
* 3rd + 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, Principal, or HQPD Standard(s) each goal reflects. (See sample goal below.) |
| *Sample Goal:* *I will increase my knowledge of strategies to manage groups of students in order to improve classroom discipline.**Educator Standards:**Teacher Standard #1: Teachers understand student learning and development and respect the diversity of the students they teach.**Teacher Standard #5: Teachers create learning environments that promote high levels of learning and achievements for all students.* |
| Goal 1Educator/Professional Standard |
| Goal 2Educator/Professional Standard |
| Goal 3Educator/Professional Standard |

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| Please provide details of the work you plan to complete, such as requirements from Group 1, 2, 3, or 4. |

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

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* Revise/Resubmit

Revision Advice:

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-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

1. Rationale for the IPDP is clear and appropriate.

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Revisions Needed

1. IPDP goals are relevant, realistic, and attainable.

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Revisions Needed

1. Course work is relevant to the educator’s area of certification or licensure.

 \_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Revisions Needed

1. Professional development activities reflect high quality.

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Revisions Needed

1. A timeline for the completion of professional development activities has been provided.

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Revisions Needed

1. The IPDP reflects a sincere commitment to professional growth and the improvement of teaching.

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Revisions Needed

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Individual Professional Development Plan \_\_\_\_\_Approved \_\_\_\_\_Revisions Needed

Reasons for not being approved:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

 Signature of LPDC Chairperson Date