

**Individual Professional Development Plan:**  
Educator Goals' Sheet

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_

School Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

List all Certificates/Licenses on a single sheet. Attach ODE History printout or copies of all current credentials.

Indicate how you intend to renew each.

Certificate or License #	2yr, 4yr, 5yr, or Permanent	Expires	List All Areas	Renewal or Upgrade	Renew or Upgrade via: Contact Hrs/CEUs/ Coursework

Teaching/ Professional Assignment(s) for present school year:

Position	Grade(s)	Building

## Individual Professional Development Plan:

### Educator Goals' Sheet

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Identify your Professional Development Goal(s), and link with activities you will use to pursue each and the certificate(s)/license(s) to which each will apply. The Goals' Identification Guide contains suggestions, but the goal(s) should be specific and intimate to you and your professional development as it relates to students, building, district, and/or community. Select at least one #9 goal at minimum. Attach an extra sheet if you choose more than three goals.

**\*Must have at least 1 District specific goal (Section 9)**

Example:

a. Goal # 9.3 : To improve parent-school relations.

Activity: PD Days and Graduate Courses

Completed via: Contact Hours CEUs Coursework Combination of Hours/CEUs/Coursework

Applicable to certificate/license on companion Profile Sheet: Middle Childhood 4-9

a. Goal # \_\_\_\_\_ : To \_\_\_\_\_

Activity: \_\_\_\_\_

Completed via: Contact Hours CEUs Coursework Combination of Hours/CEUs/Coursework

Applicable to certificate/license on companion Profile Sheet: \_\_\_\_\_

b. Goal # \_\_\_\_\_ : To \_\_\_\_\_

Activity: \_\_\_\_\_

Completed via: Contact Hours CEUs Coursework Combination of Hours/CEUs/Coursework

Applicable to certificate/license on companion Profile Sheet: \_\_\_\_\_

c. Goal # \_\_\_\_\_ : To \_\_\_\_\_

Activity: \_\_\_\_\_

Completed via: Contact Hours CEUs Coursework Combination of Hours/CEUs/Coursework

Applicable to certificate/license on companion Profile Sheet: \_\_\_\_\_

Educator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

LPDC Review: \_\_\_\_\_ Date: \_\_\_\_\_