

**Southeastern Local Schools**

Individual Professional Development (IPDP)- Principal

This plan must be submitted to the Local Professional Development Committee (LPDC) **prior to** earning any coursework hours, CEUs, or contact hours which you plan to use for the renewal of your license.

Name: \_\_\_\_\_

IPDP Approval Date: \_\_\_\_\_

**Check your current license type:**

\_\_\_\_ Professional Educator License

\_\_\_\_ Senior Professional Educator License

\_\_\_\_ Lead Professional Educator License

\_\_\_\_ Other Professional License: \_\_\_\_\_

Current License Issue Date: \_\_\_\_\_

Current License Expiration Date: \_\_\_\_\_

Area(s): \_\_\_\_\_

**List two goals which will guide your professional development toward the renewal of your license. All goals are for the purpose of increasing student achievement.**

● **Goal #1:**

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

● **Goal #2:**

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

**Check the Ohio Standards for the Principals that most clearly relate to your goals.**

\_\_\_\_ 1. Principals can help create a shared vision and clear goals for their schools and ensure continuous progress toward achieving goals.

\_\_\_\_ 2. Principals support the implementation of high-quality standards based instruction that results in higher levels of achievement for all students.

\_\_\_\_ 3. Principles allocate resources and manage school operations in order to ensure a safe and productive learning environment.

\_\_\_\_ 4. Principals establish and sustain collaborative learning and shared leadership to promote learning and achievement of all students.

\_\_\_\_ 5. Principals engage parents and community members in the educational process and create an environment where community resources support student learning, achievement and well-being.

**\*\*If you need to amend this IPDP at any time, complete a new form and submit it to your LPDC representative for approval.**

Applicant Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

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For LPDC purposes only. Do not write below this line.

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

Date Submitted: \_\_\_\_\_