

Southeastern Local Schools

Individual Professional Development (IPDP)

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 Teaching Profession* that most clearly relate to your goals.

____ 1. Students: Teachers understand student learning and development, and respect the diversity of the students they teach.

____ 2. Content: Teachers know and understand the content area for which they have instructional responsibility.

____ 3. Assessment: Teachers understand and use varied assessments to inform instruction, evaluate and ensure student learning.

____ 4. Instruction: Teachers plan and deliver effective instruction that advances the learning of each individual student.

____ 5. Learning Environment: Teachers create learning environments that promote high levels of learning and achievement for all students.

____ 6. Collaboration and Communication: Teachers collaborate and communicate with students, parents, other educators, administrators and the community to support student learning.

____ 7. Professional Responsibility and Growth: Teachers assume responsibility for professional growth, performance, and involvement as individuals and as members of a learning community.

**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: _____

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

LPDC Approval Signature: _____

Date Submitted: _____