



Individual Professional Development Plan (IPDP) COVER SHEET

DATE SUBMITTED TO LPDC: _____

NAME: _____ JOB TITLE: _____

ADDRESS: _____ DAYTIME _____

_____ LOCATION: _____

HOME PHONE: _____ WORK PHONE: _____

Please indicate the certificate/license to which this IPDP applies:

Certificate/License Number	Certificate Type	Certificate Area	Certificate Expiration Date

**Please attach copy of certificate/license.*

Do Not Write Below (Committee Use Only)

Criteria for IPDP Approval

The following criteria will be used to evaluate your IPDP for pre-approval and final recommendation for re-certification/licensure:

The scope of the IPDP appears relevant to the educator's assignment, professional role and/or responsibilities

Learning outcomes are identified/outlined for each goal

The IPDP Professional Development Activities are:

- Consistent with established learning goals
- Relevant to the work assignment
- Compatible with other practices that are currently or will be in use

Pre-Approval	Final Approval

Reviewed by LPDC: _____

Pre-Approval Review Date: _____ Approved Disapproved

*Revision Requirements _____

(See Attached)

Request for Final Review and Recommendation

I certify that I have completed the requirements of my IPDP. All IPDP forms and appropriate documentation are attached. Please consider approval for renewal application.

Educator's Signature: _____ Date: _____

Recommendation for Recertification/Licensure

Date Received by LPDC: _____ Action taken: Approved Disapproved

LPDC Signature: _____