



Goal _____

**Individual Professional Development Plan (IPDP)
PROFESSIONAL GOAL & STRATEGY SHEET**
(Complete one sheet for each goal.)

NAME: _____

DATE: _____

Professional Learning Goal:

Professional Development Strategies: *(identify the activities/processes to accomplish learning)*

Evidence of Learning: *(what will be the documentation to support learning)*

Reflection *(completed at the final approval submission)*

(Committee Use Only)

<u>PRE-APPROVAL</u>	<u>FINAL APPROVAL</u>
Date: _____	Date: _____
Reviewer: _____	Reviewer: _____
Reviewer: _____	Reviewer: _____
<input type="checkbox"/> APPROVED <input type="checkbox"/> Revision Needed	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED