

CIRCLEVILLE CITY SCHOOLS

Individual Professional Development Plan (IPDP)

This plan must be submitted to the LPDC PRIOR TO earning any coursework hours, CEUs, or contact hours which you plan to use for the renewal of your license.

Name: _____

Present assignment: _____

Staff (check only one):

Administration

Elementary School

Middle School

High School

Check which type of 5-year license you are currently working under:

Professional Educator License

Senior Professional Educator License

Lead Professional Educator License

Other Professional License, please specify: _____

Issue date: _____

Area(s): _____

List two goals which will guide your professional development toward the renewal of your current license.

Goal #1: _____

Goal #2: _____

Check the number(s) of the *Ohio Standards for the Teaching Profession* with which your stated goals align:

- 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.

Check the proposed activities which relate to your stated goals to fulfill the requirements to renew this license.

Coursework

Workshops/Contact Hours/CEUs

Other (provide details of the activity below)

You are advised to make a copy of this plan and keep it for your records. If you need to amend this IPDP at any time, print a new form and use it as an addendum to your original plan. Submit it to your representative for LPDC approval.

Date submitted (effective date): _____ Date approved: _____ Date of plan closure: _____