

Logan Elm Local Schools

Individual Professional Development Plan (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: _____

Current Assignment: _____

License #: _____

Issue date: _____

Check your current license type:

Professional Educator License

Senior Professional Educator License

Lead Professional Educator License

Other Professional License: _____

Area(s): _____

- District
- LEHS
- McDowell
- Salt Creek
- Laurelville
- Pickaway
- Washington

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 closely 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.

Check all of the proposed activities which relate to your stated goals to fulfill the requirements to renew your license. You will need any combination that equals 6 semester hours, 18 approved CEUs, or 180 contact hours.

Coursework Workshops (CEUs, Contact Hours) Other (provide details) _____

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 (effective date if approved) _____

For LPDC purposes only. Do not write below this line

LPDC Approval Signature _____

Date Approved _____