**GCESC LPDC**

**Individual Professional Development Plan (IPDP)**

|  |
| --- |
| Name: |
| Position: |
| Location—GCESC/District and Building |

|  |  |
| --- | --- |
| [ ]  New Plan | Beginning Date:(5 year span) |
| [ ]  Revised Plan | Ending Date: |
| License ID #:  | License Expiration date:(Put expiration dates for all licenses.) |

|  |
| --- |
| Plan is to meet the requirements for: License Renewal |

|  |
| --- |
| Statement of Long-Term Professional Development Goal:*What will I be doing professionally in five years*? Please be specific on Career Goal/Educational Goals. |
|  |

|  |
| --- |
| *How will I develop myself to achieve my professional goal? See LPDC booklet for ideas.*  |

|  |
| --- |
| Please list for your planned activities:*
*
*
*
*
*

Activities may include traditional coursework & CEUs, as well as workshops, conferences, curriculum committee work, & alternative activities planned &implemented by candidate.Indicate how your activity/activities will lead to improved student achievement. |

|  |
| --- |
| **Documentation of your work** |
| Document (check all applicable artifacts that could apply)[ ]  College Transcripts [ ]  CEU[ ]  PDU Certificates[ ]  Ohio Department of Education CEU’s[ ]  Artifacts from Approved Alternative or Equivalent Activities[ ]  Certificates of Attendance[ ]  Other (please list)When turning in your coursework, contact hours, CEUs, alternative activities, etc., please submit your transcripts, certificates, and other documentation **with a COVER SHEET that lists all of the work in either ascending or descending order.**  Please be sure to **tabulate your hours** and list them on your cover sheet. |

|  |
| --- |
| Applicant’s Signature and Date |
| LPDC Approval and Date(Two signatures of LPDC needed on this line.) |