

Clyde-Green Springs Local Professional Development Committee
Individual Professional Development Plan

Name _____ Date _____

Circle One: NEW IPDP REVISED IPDP

Building: District HS MMM GS SM VS

Current Assignment _____

Current Certificates/Licenses _____ Expires _____

_____ Expires _____

_____ Expires _____

List educational goals to be addressed during this renewal cycle.

I certify that the information provided in this Individual Professional Development Plan is true and accurate to the best of my knowledge.

Signature

Date

ACTION BY THE LPDC

_____ The IPDP is approved as submitted.

_____ The IPDP is approved as submitted with changes as indicated by the LPDC.

_____ The IPDP has merit, but it is not approved as submitted. Please note the highlighted sections and revise and resubmit your IPDP. Please attach a copy of the unapproved IPDP.

LPDC signature

Date

****Further comments (if any) are on the back of this form.****