



Individual Professional Development Plan: Cover Sheet

Date plan submitted to LPDC: _____ Covers the school years _____ to _____

Name _____ State ID# _____
Last First MI

Home Address _____
Number Street Apt./Unit/etc.

_____ City State Zip

List all certificates/licenses to which this plan applies – complete each line – attach copies of each

Certificate/License # (this is your State ID#)	Type of License (ex. 5 yr. Professional Pupil Services – School Psychology)	Expiration Date

Teaching/Professional Assignment(s) for present school year of _____

Position	Grade(s)	Building(s)

PROPOSAL REVIEWED BY LPDC (FALL): Date _____ LPDC Signature _____
 (Personal goal and activity sheet attached) **ACTION TAKEN:** Approved Rejected Revision Needed

DOCUMENTATION REVIEWED BY LPDC (SPRING): Date _____ LPDC Signature _____
 (See attached activities record)

REQUEST FOR FINAL REVIEW AND RECOMMENDATIONS
 I certify that I have completed the requirements of my IPDP and all IPDP forms have been submitted. Date _____ Educator’s Signature _____

RECOMMENDATION FOR RECERTIFICATION/LICENSURE

Date received by LPDC _____ **ACTION TAKEN:** Approved Rejected Revision Needed

LPDC Signature _____