

(Form LPDC-1)

JACKSON CITY SCHOOL DISTRICT
INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN

Name _____ Filing Date _____

Address _____

Phone # _____ E-Mail Address _____

Educator State I.D. _____

Current Assignment / Building: _____

Current Licenses:

Type: _____ Credential # _____ Expiration Date: _____

Teaching Field(s): _____

Endorsement(s): _____

Type: _____ Credential # _____ Expiration Date: _____

Teaching Field(s): _____

Endorsement(s): _____

Type: _____ Credential # _____ Expiration Date: _____

Teaching Field(s): _____

Endorsement(s): _____

Type: _____ Credential # _____ Expiration Date: _____

Teaching Field(s): _____

Endorsement(s): _____

(Form LPDC-1)

List educational goal(s) to be addressed during this renewal cycle.

(Note: These should be related to teacher evaluations, building and district goals as identified in Continuous Improvement Plans, or additional professional licensing.) **Need help?** Go to Resources – Teacher Resources – LPDC and click on IPDP Goal Components.

1.

2.

3.

**Which of the following methods will you use to accomplish the above goal(s)?
(Please check all that apply.)**

Graduate Degree Program_____

Additional Licensure Program_____

College Coursework_____

Professional Workshops_____

JCS Inservices_____

*Self-Directed Activities_____

*Other_____

*Please Describe

If you will be enrolled in a graduate degree program or a program leading to additional licensure during this renewal cycle, please complete the following:

College/University:_____

Graduate Degree or new Licensure pursued (please attach syllabus):

(Form LPDC-1)

Anticipated Completion Date: _____

Retain all documentation/verification of completed work and submit when renewing your license.

I certify that the information provided in this plan (IPDP) is true and accurate to the best of my knowledge and belief.

Signature: _____ Date: _____

(This section will be completed by the LPDC)

____ This IPDP has been approved as submitted:

Chairperson's signature: _____ Approval Date: _____

____ Goals Amended Approval Date

____ Goals Amended Approval Date

(PLEASE RETAIN A COPY OF THIS DOCUMENT FOR YOUR FILES)

____ This IPDP has merit, but has not been approved as submitted. Please note the comments below, revise and resubmit your IPDP.

Chairperson's signature: _____ Review Date: _____

Chairperson's signature: _____ Approval Date: _____

Comments: _____