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**Individual Professional Development Plan: Cover Sheet**

Date plan submitted to LPDC: Covers the school years to

Name State ID#
 Last First MI

Home Address
 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