

# Crestwood Local Schools

## Individual Professional Development Plan **REVISION**

Name:

Last

First

M.I.

**Explain the revision relative to your current IPDP: (change, add, delete)**

**GOAL:**

**Revised goal**

**GOAL RELATED ACTIVITIES:**

TOPIC	PROVIDER	CREDITS (CEU)	SEM. HRS.

**(LPDC use only)**

**Received by the LPDC** \_\_\_\_\_ **(date)**

**IPDP Revision Criteria:**

A. IPDP's relevance to individual, building or district goals are clear and specific.	__ Y __ N
B. Credits and experience listed is sufficient to renew license(s).	__ Y __ N
C. Providers have been approved.	__ Y __ N
D. Activities/hours are related to all areas of license(s) listed.	__ Y __ N
E. IPDP submission <b>must</b> be legible, thorough, and complete.	__ Y __ N
F. IPDP submission is on appropriate form.	__ Y __ N
G. Estimated CEU credits to be achieved through Individually Design Activities do not exceed 12.	__ Y __ N
H. Copy of related IPDP submitted.	__ Y __ N
I. Individually Designed Activity form with seven copies (if applicable).	__ Y __ N

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LPDC Signature

Date

Approval	
Non-Approval	

