

Canfield Local Schools

IPDP Record

revised: Jan 2013

Directions:

1. Please print and complete your Individual Professional Development Plan and return to the Local Professional Development Committee for approval.
2. Remember a new IPDP must be completed each time you renew your license.
3. Please check any goals that will support your Professional Development Plan for the next five years.
4. Contact your Building Representative if you have any questions.

Last Name: First Name: Date:

Education Level:

☐ Non degree	☐ Bachelor's [BA/Bs]	☐ BA/BS+
☐ Master Degree	☐ Master's+	☐ PHD
☐ Education	☐ Business/Industry	☐

Certification		Expiration	
Certification		Expiration	
Certification		Expiration	

Assignments:

Building

Plan Covers School Years

Areas of Responsibility (Related to your professional role)

Professional Development Goal Statement:

The goals should be specific to you and your professional development as it relates to student learning, the district mission statement, as well as building and district improvement plans.

DISTRICT GOAL 1: To engage in Professional Development to design high quality instruction.

BUILDING GOAL 1: To design standards based instruction and assessments.

OHIO STANDARD 1: Teachers understand student learning and development and respect the diversity of the students they teach.

PERSONAL GOAL 1: To design high quality instruction that meets the diverse needs of all learners.

- ☐ To develop an understanding of the academic, social emotional, and interests of all children
- ☐ To recognize characteristics of gifted students, students with disabilities, and at-risk students in order to assist in appropriate identification, instruction, and intervention
- ☐ To create high expectations for all students so they can achieve to their full potential.

DISTRICT GOAL 2: To understand and use varied assessments to inform instruction, evaluate, and ensure student learning.

BUILDING GOAL 2: To become knowledgeable about assessment types, their purposes and the data they generate.

OHIO STANDARD 3: Teachers understand and use varied assessments to inform instruction, evaluate and ensure student learning.

PERSONAL GOAL 2:

- ☐ To select, develop, and use a variety of diagnostic, formative and summative assessments.
- ☐ To analyze data to monitor student progress and learning and to plan, differentiate, and modify instruction

☐ Teachers involve learners in self-assessment and goal setting to address gaps between performance and potential.

DISTRICT GOAL 3: To plan and deliver effective instruction that advances the learning of each individual student.

BIULDING GOAL 3: To align instructional goals with the Ohio Academic Content Standard

OHIO STANDARD 4: Teachers plan and deliver effective instruction that advances the learning of each individual student.

PERSONAL GOAL 3:

- ☐ To use information about students' learning and performance to plan and deliver instruction that will close the achievement gap.
- ☐ To communicate clear learning targets and explicitly link learning activities to those defined goals.
- ☐ To differentiate instruction to support the learning needs of all students, including students identified as gifted, students with disabilities, and at-risk students.

DISTRICT GOAL 4: To assume responsibility for professional growth, performance, and involvement as an individual and as a member of a learning community.

BUIDING GOAL 4: To take responsibility for engaging in continuous, purposeful professional development

OHIO STANDARD 6: Teachers collaborate and communicate with students, parents, other educators, administrators and the community to support student learning

PERSONAL GOAL 4:

- ☐ To seek opportunities to positively impact teaching quality, school improvements, and student achievement
- ☐ To learn how to effectively collaborate with other teachers, administrators and school and district staff
- ☐ To learn how to advocate for and initiate increased opportunities for teamwork to support school goals and promote student achievement

Are you planning additional certification areas this renewal cycle?

☐ YES ☐ NO – If Yes, what areas?

Will you be enrolled in a grad degree program during this renewal? ☐ YES ☐ NO

I certify that the information provided in this IPDP is true and accurate to the best of my knowledge:

Signature: _____ Date: _____ [mm/dd/yyyy format]

Approval/Disapproval (This section will be completed by the LPDC)

Approved: ☐ This IPDP has been approved as submitted:

Signature of LPDC Chairperson : _____ Date: _____

Signature of LPDC Chairperson: _____ Date: _____

Not Approved: ☐ This IPDP has merit but has not been approved as submitted. Please note the comments from the committee and submit your revised plan.

Signature of LPDC Chairperson: _____ Date: _____