

*SPEBA LOCAL PROFESSIONAL DEVELOPMENT COMMITTEE  
INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN – EDUCATOR PROFILE*

**Section 1**

Educator's Name \_\_\_\_\_

Home Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

District \_\_\_\_\_ Building \_\_\_\_\_ Assignment \_\_\_\_\_

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**Section 2**

List all Licenses by License Number

License	Area	Issue Date	Expiration Date

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**Section 3**

State professional development goal and aligned education standards
<u>Goal 1</u>
<u>Goal 2</u>
<u>Goal 3</u>

Educator's Signature \_\_\_\_\_ Date \_\_\_\_\_ LPDC Signature \_\_\_\_\_ Date \_\_\_\_\_