

# Bellevue City Schools Local Professional Development Committee Individual Professional Development Plan (IPDP)

\*\*\* Submit Immediately Following Receipt of New License \*\*\*

Please type form.

## Section I.

Original Copy  
BOE Copy

Date

Last Name

First Name

Home Address

City

State

Zip Code

Home Phone

School

Assignment

Select One

Substitute  
Teacher

New Proposal

Revised Proposal from previously accepted proposal

**Section II.**

**List All Licenses**

License Number

Type / Area

License Grade

Initial Date

Expiration

License Number

Type / Area

License Grade

Initial Date

Expiration

License Number

Type / Area

License Grade

Initial Date

Expiration

License Number

Type / Area

License Grade

Initial Date

Expiration

License Number

Type / Area

License Grade

Initial Date

Expiration

### **Section III.**

Briefly Describe Your Plan.

Explain how your plan is relevant to subject area content, instructional practices, and / or student learning.

Explain how your plan aligns with building / district goals.

Explain your proposed criteria for assessing the success of your plan as it pertains to student achievement.

#### **Section IV.**

Must be completed if doing Group 4 Independent Activities / Projects.

Outline your proposed project and procedures.

Provide a plan for documentation.

Number of Contact Hours requested.

Provide rationale for the request.

## **Section V.**

Read each Option description and select the one that applies.

### **Option 1: 180 Contact Hours (Groups 1, 3 and 4)**

Requirements:

- A. Contact Hour activities must meet the BCS LPDC Group Activity Guidelines
- B. Contact Hour activities must have been endorsed by the LPDC.
- C. Individuals designing "other activities" (Group 4) must prepare proposal outlining the planned activities and the number of Contact Hours requested.

### **Option 2: 9 Quarter / 6 Semester Hours (Group 2)**

Requirements:

- A. Course work for quarter / semester hours must meet the BCS LPDC Group Activity Guidelines. (page B9)
- B. Course work must be taken through an NCATE or ODE accredited college or university.

### **Option 3: Combination of the First 2 Ways**

Requirements:

- A. Requirements and verifications for type of activity included in a combination proposal must follow the previous descriptions.
- B. The parts of the project must total the equivalent of 180 Contact Hours. The ratio 1 semester hour = 30 contact hours or 1 quarter hour = 20 contact hours will apply.

Select one option.

Option 1: 180 Contact Hours (Group 1, 3 and / or 4)

Option 2: 9 Quarter / 6 Semester Hours (Group 2)

Option 3: Combination of the First 2 Ways

**Section VI.**

Return for Revision

Notes

LPDC Signature \_\_\_\_\_

Date

Accepted

Notes

LPDC Signature \_\_\_\_\_

Date