

Approved ___Date___Initials___
Return for Revision ___Date___Initials___

INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN
LORAIN CITY SCHOOLS

Name:

Certificate/License Number:

Current Certificate/Licenses that you hold:

Renewal Date:

Date Submitted:

Present Teaching Assignment (including building):

Section 1 – Must Be Completed For All IPDP proposals. Select One

Professional Growth Options:

___ Option 1.....6 Semester Hours

Requirements

>Course work must be taken at an accredited college or university

___ Option 2.....180 contact hours (PDU's)

Requirements:

>PDU activities must be endorsed by the LPDC

>Individuals designing "other activities" must prepare a proposal outlining the planned activities and the number of PDU hours requested.

___ Option 3.....Combination of the first two ways

Requirements:

>The parts of the project must total to the equivalent of 180 contact hours (PDU's).
30 contact hours (PDU's) equal 1 semester hour.

