

Individual Professional Development Plan: Cover Sheet

Date plan submitted to LPDC:			Covers the school years		to
Name			State ID#		
Last	First	MI			
Home Address					
	City		State	Zip	
List all certificates/licenses to	which this plan appl	lies – complete	each line – attach copies of	each	
Certificate/License #	Type of License				Expiration
(this is your State ID#)	(ex. 5 yr. Professional Pupil Services – School Psychology)				Date
Teaching/Professional Assign	ment(s) for present s	school year of _			
Position Grade(s)		Building(s)			
DDODOSAL DEVIEWED BY LDD)C (EALL):	DateLPDC Signature			
PROPOSAL REVIEWED BY LPDC (FALL): (Personal goal and activity sheet attached)					
		ACTION TAK	EN: □ Approved □ Rejecto	ed 🖵 Revisio	on Needed
DOCUMENTATION REVIEWED BY LPDC (SPRING):		Date	LPDC Signature		
(See attached activities record)					
REQUEST FOR FINAL REVIEW	AND RECOMMENDA	TIONS			
I certify that I have completed of my IPDP and all IPDP forms		d Data	Educator's Signatur		
of thy IFDE allu all IPDE TORMS	nave been submittet	i. Date	Luucator s signatur	c	
RECOMMENDATION FOR REC	CERTIFICATION/LICEN	<u>ISURE</u>			
Date received by LPDC		ACTION TAK	EN: ☐ Approved ☐ Rejecto	ed 🖵 Revisio	on Needed
LPDC Signature					