**Warren Local School District**

**Individual Professional Development Plan/Goal Sheet**

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| **Name:**  | **Date Submitted (use the dropdown arrow):**  Click here to enter a date. |
| **Building/Assignment**  |
| **Type of License (check all that apply)**[ ]  **5 year** [ ]  **Permanent** [ ] **Administration** [ ]  **Other:** |
| **Area of Licensure:**  |
| **Issue Date of License**:Click here to enter a date. | **Effective Date of License:**Click here to enter a date. |
|  | **Expiration Date of License:**Click here to enter a date. |
| **IPDP Type**Choose an item. |
| **IPDP Effective Date*****From:*** Click here to enter a date. ***to*** Click here to enter a date. |
| **Renewal Cycle**Choose an item. |

 **General Information**

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| **Goal 1**I will take part in and assume responsibility for continuous and purposeful professional development to positively impact teaching quality, school improvement, and student achievement.  |
| **Educator Standards (choose all that apply)**1. Standard 7- Teachers assume responsibility for professional growth, performance, and involvement as an individual and as a member for a learning community.
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**Goals** (List a MINIMUM of 3 additional goals for your professional learning) Be sure to include which Ohio Educator Standard(s) each goal reflects and necessary action steps to complete the goals.

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| **Goal 2 (required)**I will Choose an item. Choose an item. in order to Choose an item. Additional Comments (if needed): |
| **Educator Standards (choose all that apply)**1. Choose an item.
2. Choose an item.
3. Choose an item.
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| **Goal 3 (required)**I will Choose an item. Choose an item. in order to Choose an item. Additional Comments (if needed):  |
| **Educator Standards (choose all that apply)**1. Choose an item.
2. Choose an item.
3. Choose an item.
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| **Goal 4 (required)**I will Choose an item. Choose an item. in order to Choose an item. Additional Comments (if needed):  |
| **Educator Standards (choose all that apply)**1. Choose an item.
2. Choose an item.
3. Choose an item.
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**Action Steps that may be used to complete the above IPDP goals.**

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| **List all that apply:*** District/regional/state/national level professional development opportunities
* District curriculum development opportunities
* Going to workshops, trainings, seminars and/or conferences
* Taking, completing and passing graduate level courses.

**Please list any others that were NOT listed above (i.e., professional intern, resident educator mentor, cooperating teacher, etc. ):** |

***For LPDC Committee Use Only:***

**IPDP Review Rubric**

**Employee Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  | **IPDP Section** | **Yes** | **No** | **Revision Recommendations** |
| General Information | Name, submission date and building/assignment information |  |  |  |
| Type and area of licensure |  |  |  |
| Dates of license(s) (issuance; start/end dates) |  |  |  |
| IPDP type (new, revised; amended) |  |  |  |
| Goals | At least 3 additional goals are listed – they are realistic and attainable. |  |  |  |
| The goals are relevant to the district and building. They also include the Ohio Educator Standards. |  |  |  |
| Goals are stated as professional objectives of the teacher or administrator. They are stated in terms of how they will benefit students. |  |  |  |
| Action Plan | Action Plan clearly supports the goals; are realistic and attainable. |  |  |  |
| Action Plan is relevant to the educator’s area of licensure. |  |  |  |
| **The Warren Local LPDC Action: Motion #** |
| **\_\_\_\_\_\_\_\_\_\_Approved\* Expires:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date of License Renewal or Five Years**)*(\*Please consider any revision recommendations indicated on the rubric.)* |
|  **\_\_\_\_\_\_\_\_\_\_\_Not Approved – See Revision Recommendations Above** |
|   **If Revision or Addendum – Motion # of Original IPDP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **LDPC Signature:**  | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |