

Lutheran Schools of Ohio Local Professional Development Committee
Individual Professional Development Plan (IPDP)

Please print or type

Name, Certificate ID#, Date, Address, School, Position/Grade level, City, Zip, City, Zip, Fax #, Home Phone, Work Phone, E-mail

Current License(s)/Certificate(s): [Please attach a copy of each certificate.]

Type: Check one: 2 Year Provisional, 5 Year License, 8 Year Professional, Permanent, Non-Tax, Exp. Date: (repeated 4 times)

1. What is your perspective on ministry within the educational profession? 2. What are your professional long range goals? (with lines for answers)

Will you be enrolled in a graduate degree program during this renewal cycle? Yes No If yes, complete following College/University: Program/Major Anticipated completion date: In the renewal cycle I am in Year 1 Year 2 Year 3 Year 4 Year 5 I have a 4 Year 5 Year renewal. Signature: Date Principal Initials Date

LPDC USE: This IPDP is: Approved Not Approved Certified by LPDC Regional Chairperson: Date Comments:

Form 1 is to be completed upon entering service in one of the Lutheran Schools of Ohio, or upon renewal of the certificate under which you are teaching. The teacher is to submit this form to the LPDC Regional Committee. LPDC Regional Committee will distribute approved copies to the School and the Teacher.