

Lutheran Schools of Ohio Local Professional Development Committee
Individual Professional Development Plan (IPDP)
YEARLY PROFESSIONAL GROWTH PLAN

Please print or type

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

1) Identify at least three specific professional growth goals for the current year, selected from **Form 3**. An updated list of goals must be submitted **annually**.

- a) _____
- b) _____
- c) _____
- d) _____
- e) _____

2) Describe how your goals support your professional development in your current position and your school's goals.

I certify that my current IPDP is still in effect. Signature: _____ Date: _____ Principal's Initials: _____ Date: _____

LPDC USE:

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

Comments:

Form 2 is to be submitted to the LPDC Regional Committee. Approved copies will be sent to the school and teacher.