

**Huron City Schools Professional Development Committee
Individual Professional Development Plan**

Name _____ Date _____ Circle One New Revised IPDP
Current Assignment _____ Building HS MMS WES SH
Current Certificates/Licenses _____ Expires _____
_____ Expires _____
_____ Expires _____

What current coursework and/or CEU's have you received credit for during the current renewal cycle?

List your educational goals to be addressed during this renewal cycle.

a. IPDP Objectives as related to student learning:

b. Explain how your plan is relevant to subject area content, instructional practices, and/or learners.

c. Explain how your plan aligns with building/district goals.

Please check the way you plan to renew your certificate/license. You may check more than one-
____ University/College Course Work ____ CEU's ____ Equivalent Activities

Will you be enrolled in a graduate degree program during this renewal cycle? ____yes ____no

If you answered yes, please complete the following:

College or University _____ Degree Sought _____

Anticipated Completion Date _____ Provide a brief rational for pursuing this degree

Are you pursuing any additional certification/licensure areas of a regular degree program during this renewal cycle? ____yes ____no If you answered yes, please complete the following:

College or University _____ Certificate/License Area(s) _____

Anticipated Completion Date _____ Provide a brief rational for pursuing these certification/licensure areas:

I certify that the information provided in this Individual Professional Development Plan is true and accurate to the best of my knowledge.

Signature

Date

Action by the LPDC

____ The IPDP is approved as submitted.

____ The IPDP approved as submitted with changes as indicated by the LPDC

____ The IPDP does not meet the criteria for approval. Please note the highlighted areas and resubmit your IPDP.

Signature of LPDC Chairperson

Date

**“Other Activity” Continuing Education Unit:
Request for District LPDC Approval**

1. Last Name: _____ First Name: _____ M.I. _____

2. Social Security #: _____

3. School Phone & X: _____ Home Phone: _____

4. For an “Other Activity”: If you are seeking locally approved CEU credit by your LPDC through an activity other than a workshop or course work complete this section:

a) Describe the activity

b) Identify the number of activity hours that you will or have invested in this activity:

c) Gain the signature of a district administrator or colleague who can verify and affirm your estimation of those activity hours:

Signature _____ Title: _____

d) Why and/or how has this activity improved your professional skills, the learning of your students, and/or the quality of your school district? How will you share your learning with colleagues? Use the reverse side to continue.

e) Attach a copy of any work products that have resulted from your activity.

f) Attach any additional information that you think might help your LPDC to review and approve your request for CEU credit for these Other Activities.

Educator Signature: _____ Date: _____

LPDC Signature: _____ Date: CEU's Approved _____

**Workshop Continuing Education Unit:
Educator Request for District LPDC Approval**

1. Last Name: _____ First Name: _____ M.I. _____

2. Social Security #: _____

3. School Phone & X: _____ Home Phone: _____

4. For a Workshop: If you are seeking LPDC approval for CEU credit, carefully complete this section. The Workshop Certificate of Completion should be supplied to the LPDC for final award of CEU credit, which can only be approved by the employing district LPDC.

a) Identify Provider:

b) Identify Presenter or Director

c. Identify a phone number contact for Presenter/Director:

d) Identify the workshop date(s):

e) Identify the number of clock hours of workshop instruction:

*Conversion: One activity hour is equal to one-tenth (0.1) /CEU credit. 10 activity hours are equal to one (1) CEU. The LPDC will determine CEU credits based upon district guidelines.

f) Attach the workshop program or synopsis indicating the workshop date(s), daily agenda with times, and a description of workshop content and activities.

g) You are reminded that CEU workshop credits used to renew a license, whether from the Ohio Department of Education (issued only until July 1, 1998) or approved locally by your LPDC, must assist you in accomplishing the goals of your individual Professional Development Plan, and that this plan must address student, district, and educator development needs.

LPDC Chairperson _____ Date: CEU's Approved: _____

Coursework Proposal
Educator Request for District LPDC Approval

1. Last Name: _____ First Name: _____ M.I. _____

2. Social Security #: _____

3. School Phone & X: _____ Home Phone: _____

4. For Coursework: If you are seeking LPDC approval for coursework, complete this section. The coursework **TRANSCRIPT** should be supplied to the LPDC for final award of coursework credit, which can only be approved by the **employing district LPDC.**

a) University or College: _____

b) Course Title: _____

c) Course # _____

d) Semester Hours: _____

e) Explain how this course relates to your IPDP or otherwise meets the criteria for approval.

LPDC Chairperson: _____

Coursework Approved: _____

DOCUMENT OF COMPLETION

THIS document should serve to verify that the following educator has participated in a professional development workshop and has completed the clock hours of activity identified here on.

Educator's Name	Social Security Number
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Date(s)	of Workshop	Clock Hours of Activity
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Workshop Title

Workshop Director	Organization
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Workshop Goals:

Workshop Director's Signature	Date
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Educator's Signature	Date
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*Attach a copy of the workshop program to this DOCUMENT.