

**PARMA CITY SCHOOL DISTRICT
INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN (IPDP)**

Date _____

Name _____ Building(s) _____

Home Phone # _____ Work Phone # _____

Current Teaching/Admin. Position _____ Number of yrs. in current position _____

Total years in district _____ Other district(s) _____

Area of certification/licensure which you are renewing/convertng: _____

I am submitting my plan to do one of the following:

Check one: _____: Convert to License _____: License Renewal

A. CONVERT TO LICENSE: Area of certification which you are converting:

Type _____ Issue Date _____

_____ 8 Year Expiration Date _____

B. LICENSE RENEWAL :

_____ For a first 5 year Professional License Renewal (must have 6 semester hours or 180 PDU's or combination of the above)

Issue Date _____ Expiration Date _____

_____ For a second 5 year Professional License Renewal (must have master's degree or 30 semester hours of graduate credit if 2-year license was issued after 7/1/2002)

Issue Date _____ Expiration Date _____

_____ Subsequent 5 year Professional License Renewals (must have 6 semester hours or 180 PDU's or combination of the above)

Issue Date _____ Expiration Date _____

INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN (IPDP)
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ORIGINAL _____ REVISION _____

LIST THREE PROFESSIONAL DEVELOPMENT GOALS FROM THE RESOURCES ON FORM 2

GOAL 1: _____

GOAL 2: _____

GOAL 3: _____

PLAN APPROVAL

IPDP Use

APPROVED _____

NOT APPROVED _____

IPDP CHAIRPERSON _____ DATE _____

LPDC Use

APPROVED _____

NOT APPROVED _____

LPDC CHAIRPERSON _____ DATE _____

COMMENTS: _____

PLEASE SUBMIT A REVISED IPDP TO THE LPDC IF YOUR GOALS CHANGE

**INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN
COMPLETION OF LICENSURE REQUIREMENTS**

IPDP Use

APPROVED _____

NOT APPROVED _____ (see notes)

IPDP CHAIRPERSON _____ DATE _____

LPDC Use

APPROVED _____

NOT APPROVED _____ (See notes)

LPDC CHAIRPERSON _____ DATE _____

Notes: _____

