

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Current Teaching Position: \_\_\_\_\_

**Portsmouth City Schools  
INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN**

**List All Certificates/Licenses**

<b>Certificates/License Number</b>	<b>Type/Area</b>	<b>Issued Date</b>	<b>Expiration Date</b>

List below 2-3 goals for your professional development. The Licensure Standards require that your goals be based on your needs, the needs of your students, your building and your district. For each goal tell what needs the goal addresses and how you determined those needs. After each goal describe the professional development in which you plan to engage to reach that goal during your IPDP cycle. For each activity described please list the timeline for completion, documentation that will be provided at IPDP Final Review and the number of credits expected.



**Goal #1:** \_\_\_\_\_

\_\_\_\_\_

**Rationale for Goal:** \_\_\_\_\_

\_\_\_\_\_

**Proposed Activities:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Goal #2:** \_\_\_\_\_

\_\_\_\_\_

**Rationale for Goal:** \_\_\_\_\_

\_\_\_\_\_

**Proposed Activities:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Goal #3:** \_\_\_\_\_

\_\_\_\_\_

**Rationale for Goal:** \_\_\_\_\_

\_\_\_\_\_

**Proposed Activities:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Educator's Signature \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Current Teaching Position: \_\_\_\_\_

Individual Professional Development Plan \_\_\_\_\_ Original \_\_\_\_\_ Revised \_\_\_\_\_ Amended \_\_\_\_\_  
(sheet attached) (sheet attached)

\_\_\_\_\_ Your IPDP is approved at written.

\_\_\_\_\_ Your IPDP remains under consideration. Please respond to the following recommendations and resubmit your IPDP to the LPDC within 30 days.

\_\_\_\_\_ Date for resubmission.

Initial Review completed by:

LPDC signatures                      Chair                      \_\_\_\_\_

Committee Members                      \_\_\_\_\_

\_\_\_\_\_

Date IPDP submitted                      \_\_\_\_\_

Approval Date                      \_\_\_\_\_

Year Two review date                      \_\_\_\_\_

Year Three review date                      \_\_\_\_\_

Year Four review date                      \_\_\_\_\_

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**Date final review documentation submitted** \_\_\_\_\_

**Approval date:** \_\_\_\_\_

**Signature of Completion:**

**Educator** \_\_\_\_\_

**LPDC signatures: Chair** \_\_\_\_\_

**Committee Members:** \_\_\_\_\_

\_\_\_\_\_