

**UNION LOCAL SCHOOLS
INDIVIDUALIZED PROFESSIONAL DEVELOPMENT PLAN (IPDP)**

NAME:

TYPE OF LICENSE:

AREA OF LICENSURE:

ISSUE DATE:

EFFECTIVE DATE: JULY 1, _____ TO JUNE 30, _____

GOALS:List 3-5 goals for your professional development learning. Within each goal, include three distinct aspects: (1) intention to engage in learning; (2) focus for learning; and (3) rationale for & application of learning. Indicate which Ohio Educator Standard(s) each goal reflects. *(See sample goal below.)*

Sample Goal:

I will increase my knowledge of strategies to manage groups of students in order to improve classroom discipline.

Educator Standards:

Teacher Standard #1, Teachers understand student learning & development and respect the diversity of the students they teach.

Teacher Standard #5, Teachers create learning environments that promote high levels of learning & achievement for all students.

GOAL:

Educator Standard(s):

GOAL:

Educator Standard(s):

GOAL:

Educator Standard(s):

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ADDITIONAL GOALS (if applicable):

DO NOT MARK BELOW THIS LINE

Revise/Resubmit

Revision Advice:

-OR-

Approved as written

Approval Signature:

_____ **Date** _____

Committee Chairperson or District eSigner