

Name: _____ Date: _____
Current Teaching Position: _____

**Portsmouth City Schools
INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN**

List All Certificates/Licenses

Certificates/License Number	Type/Area	Issued Date	Expiration Date

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 _____

.....
Date final review documentation submitted _____

Approval date: _____

Signature of Completion:

Educator _____

LPDC signatures: Chair _____

Committee Members: _____
