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| **Mercer County LPDC:** Individual Professional Development Plan (IPDP)  ***MCLPDC office use only*: 5 Year Professional License ALIGNMENT. CEU Activity Extend Until: / /** | | | | | | | |
| Name: | | Non Traditional Educator:  Yes (Not Employed in School Setting) | | | | **SUBMISSION**  **DATE:** Click here to enter a date. | |
| Building (if applicable): | | District: | | | | | |
| Assignment (if applicable): | | Educator State ID#: | | | | | |
| License Type | | Teaching Field | | | Issue Date | | Expiration Date |
|  | |  | | | Click here to enter a date. | | Click here to enter a date. |
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| Indicate type of IPDP (drop down): | | | | | | | |
| **Goals**  List 2-3 Goals for your professional development learning. Within each Goal, include three distinct aspects:   1. **HOW** will you engage in learning (i.e., attending workshops, webinars, local PD, etc.); 2. What/Who is the **FOCUS** of your learning (i.e., students, staff, compliance, etc.); 3. What is your **OUTCOME** for your learning (i.e., your rationale, what do you hope to see?)   Indicate which Ohio Educator Standard(s) each Goal reflects.  Sample Goal  *I will attend regional inservices and workshops to focus on vocabulary acquisition. I will incorporate more vocabulary words into my language arts lessons in order to increase students’ oral vocabulary. I will do this through daily lessons, homework, and projects. Vocabulary will help students to improve and increase their knowledge in all subject areas. Students will demonstrate their understanding by improving test scores.* | | | | | | | |
| *Standard:* | Teacher Standard #4: Teachers plan and deliver effective instruction that advances the learning of each individual student. . | | | | | | |
| Goal 1 | | | | | | | |
| Select Standard from relevant educator position/ or type: | Teacher (select from drop down):  School Counselor (drop down):  Principal (drop down):  Superintendent (drop down):  School Treasurer (drop down):  Other (fill in): | | | | | | |
| Goal 2 | | | | | | | |
| Select Standard from relevant educator position/ or type: | Teacher (select from drop down):  School Counselor (drop down):  Principal (drop down):  Superintendent (drop down):  School Treasurer (drop down):  Other (fill in): | | | | | | |
| Goal 3 | | | | | | | |
| Select Standard from relevant educator position/ or type: | Teacher (select from drop down):  School Counselor (drop down):  Principal (drop down):  Superintendent (drop down):  School Treasurer (drop down):  Other (fill in): | | | | | | |
| **By initialing I certify that all work submitted in this plan is my own:** | | | | *Type/Sign Initials:* | | | |
| ***DO NOT MARK BELOW THIS LINE, FOR MCLPDC USE ONLY*** | | | | | | | |
| Revise/Resubmit: Needed Not Needed  Revisions Accepted On: | | | | | | | |
| Approval Signature & Date: | | | | | | | |
| IPDP Effective Date (CEUs applied from): | | |  | | | | |
| ***If Submission Date is within 60 days of Issue Date, CEU activity will be counted (Effective Date) from Issue Date.***  ***If Submission Date is past 60 days of Issue Date, CEU activity will be counted (Effective Date) from Submission Date.*** | | | | | | | |