



Chillicothe City Schools
Individual Professional Development Plan/Goal Sheet



Name:		Submission Date:	
Building/ Assignment:			
Type of Certificate/License:			
Area of Licensure:			
Issue Date:		Effective Date:	
		Expiration Date:	
Plan Type Select one:			
<input type="checkbox"/>		Transitioning from Certificate to License	
<input type="checkbox"/>		1st Renewal of 5-Year License	
<input type="checkbox"/>		2nd Renewal of 5-Year License*	
<input type="checkbox"/>		3rd+ Renewal of 5-Year License	
* A Master's Degree/30 semester hours is required if licensed after July 1, 2002 You've never been issued a 4-year provisional certificate			
IPDP Effective Date: From _____ to _____			
Goals List 3-5 goals for your professional development learning. Within each goal, include three distinct aspects: (1) attention 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.)			
Goal 1			
Goal 2			
Goal 3			

Additional Goals (if applicable):

DO NOT MARK BELOW THIS LINE. FOR LPDC USE ONLY.

Revise/Resubmit

Revision Advice:

-OR-

Approved as Written

Approval Signature _____ **Date** _____