

**Local Professional Development Committee  
Individual Professional Development Plan**

Name \_\_\_\_\_ Date \_\_\_\_\_

Current Certification \_\_\_\_\_ Expiration Date \_\_\_\_\_

Individual Professional Development Plan       Original       Revised       Amended

Current Assignment(s) \_\_\_\_\_

at Building(s) \_\_\_\_\_

\*\*\*\*\*

List your educational goals as related to student needs, professional growth, building goals and district goals.

\_\_\_\_ Approved  
\_\_\_\_ Disapproved (see attached form)

\_\_\_\_\_  
LPDC Chairperson Signature

\_\_\_\_\_  
Date