# NAPOLEON AREA SCHOOLS - PROFESSIONAL DEVELOPMENT

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| INDIVIDUALIZED PROFESSIONAL DEVELOPMENT PLAN**Submit upon receipt of license.**(LPDC Form, Page 1 of 2) |
| NAME:       DATE:       |
| SCHOOL ID #:       SCHOOL YEAR:       |
| CURRENT ASSIGNMENT & BUILDING:      **CURRENT CERTIFICATE(S) / LICENSE AND EXPIRATION DATE(S):**  |

***INSTRUCTIONS: Submit the original to the LPDC for consideration at the next LPDC meeting.***

**List yearly goals:** (These must relate to one or more of the following: Student achievement, continuous school improvement plan, personal growth targets, or to the district’s mission statement and/or goals.)

**How do you hope to integrate your new knowledge into your job assignment?**

**List activities which you plan to complete in order to achieve your goals (Refer to Activity options located in the LPDC Handbook, page 20.) If you know specific activities, please list them with details.**

**Will you be enrolled in a graduate degree program during this renewal cycle? YES** **[ ]  NO** **[ ]**

**IF YES:**

**College/University:**

**Degree Program:       Anticipated Completion Date (mm/yy):**

**Provide a brief rationale for pursuing this (these) degree(s):**

**Are you pursuing any additional licensure/certification areas outside a regular degree program during this renewal cycle?** **YES [ ]  NO [ ]**

**IF YES:**

**College/University:**

**Licensure/Certification area(s):       Anticipated Completion Date (mm/yy):**

**Provide a brief rationale for pursuing this (these) licensure/certification area(s):**

**I certify that the information provided in this Individualized Professional Development Plan is true and accurate to the best of my knowledge.**

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**Signature Date**

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| **This section completed by the LPDC** |
| APPROVAL |
| \_\_\_\_\_ This Individualized Professional Development Plan has been approved as submitted. |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature by the Superintendent of Designee | Date |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature by the LPDC Chairperson | Date |
| Copies to: Superintendent \_\_\_\_\_\_ | Submitting Teacher \_\_\_\_\_ |
| **DISAPPROVAL** |
| \_\_\_\_\_This Professional Development Plan has been disapproved as submitted. You may revise and resubmit your Individualized Professional Development Plan. |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature by the Superintendent of Designee | Date |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature by the LPDC Chairperson | Date |
| Copies to: Superintendent \_\_\_\_\_\_ | Submitting Teacher \_\_\_\_\_ |