

**Individual Professional Development Plan:**  
***Appeals - Report of Reconsideration or Formal Appeal***

1. This is a report to the educator of the deliberation and decision of

- The Building LPDC following Reconsideration
- The District Oversight Committee following a Formal Appeal

2. Educator: \_\_\_\_\_

3. School Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

4. Report of Decision to the Educator: \_\_\_\_\_

*Following deliberation, your Professional Development Plan is hereby*

- Approved as reviewed
- Not Approved as reviewed

5. Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Affirmation \_\_\_\_\_

Signature: \_\_\_\_\_





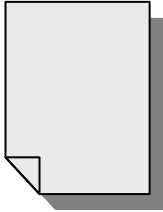
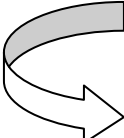
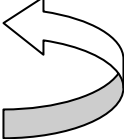
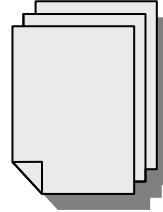
Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_ In representation of the Building LPDC on Reconsideration. Return this report to the educator within 10 days.

\_\_\_\_\_ In representation of the District Oversight Committee on Formal Appeal. Return this report to the educator within 3 days.

# LPDC Step-by-Step IPDP Approval Process

1	2	3	4
 <p>Approval of Goals</p>	 <p>Pre-approval of PD</p> <p><i>* if required by LPDC</i></p>	 <p>Evaluation of Approved PD</p>	 <p>Review for License Renewal</p>
<p>Approve educator's IPDP goals.</p> 	<p>Review educator's submissions for preapproval of PD activity.</p> 	<p>Review educator's evaluations of &amp; reflections on approved PD activities. Enter on matrix document.</p> 	<p>Complete final evaluation to assure that all six PD standards are addressed.</p> 



**Think of it as a PROCESS rather than a plan.**

**Individual Professional Development Plan:  
Educator Profile**

Last Name \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Date of Birth (mm/dd/yyyy)      /      /      State ID # \_\_\_\_\_  
(State ID# may be found on license or ODE CORE website)

Do you have a Masters degree (or equiv) Yes / No \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

List all permanent certificates or those which you will upgrade on this single sheet.  
If you are renewing certificates or licenses, place only one on this sheet, and use additional Profile Sheets for each one you will renew. **Attach your ODE history printout** or copies of all current credentials. Indicate how you intend to renew each.

<i>Credential#</i>	<i>2-Yr, 5-Yr, 8-Yr, or Permanent</i>	<i>Expires</i>	<i>List All Areas</i>	<i>Renew by Hrs/CEUs</i>	<i>Check if Upgrade</i>
1					
2					
3					
4					

Teaching/Professional Assignment(s) for present school year:

<i>Position</i>	<i>Grade(s)</i>	<i>Building</i>
a.		
b.		
c.		

Submission & Review:

Educator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

LPDC Review: \_\_\_\_\_ Date: \_\_\_\_\_

**Adams County/Ohio Valley School District LPDC  
Individual Professional Development Plan / Goal Sheet**

<b>Name:</b>	<b>Submission Date:</b>
<b>Date of Birth:</b>	<b>State ID #</b>
<b>Building/Assignment:</b>	
<b>Type of Certificate/License:</b>	
<b>Area of Licensure:</b>	
<b>Issue Date:</b>	<b>Effective Date:</b>
	<b>Expiration Date:</b>
<b>Plan Type</b> Select one: <input type="checkbox"/> Initial Proposal <input type="checkbox"/> Revised Proposal <input type="checkbox"/> Amended Proposal	
<b>IPDP Effective Date:</b> <i>From</i> _____ <i>to</i> _____	
<b>Renewal Cycle</b> Select one: <input type="checkbox"/> Transitioning from certificate to license <input type="checkbox"/> 1 <sup>st</sup> renewal of 5-year license <input type="checkbox"/> 2 <sup>nd</sup> renewal of 5-year license <input type="checkbox"/> 3 <sup>rd</sup> + renewal of 5-year license	
<b>Goals</b> List 3-5 goals for your professional development learning. Within each goal, include three distinct aspects: (1) intention to engage in learning; (2) focus for learning; and (3) rationale for & application of learning. Indicate which Ohio Educator Standard(s) each goal reflects. ( <i>See sample goal below.</i> )	
<b>Sample Goal:</b> <i>I will increase my knowledge of strategies to manage groups of students in order to improve classroom discipline.</i> Educator Standards: <i>Teacher Standard #1, Teachers understand student learning &amp; development and respect the diversity of the students they teach.</i> <i>Teacher Standard #5, Teachers create learning environments that promote high levels of learning &amp; achievement for all students.</i>	
<b>Goal 1</b>    Educator Standard	
<b>Goal 2</b>    Educator Standard	
<b>Goal 3</b>    Educator Standard	

**Adams County/Ohio Valley School District LPDC  
Individual Professional Development Plan / Goal Sheet**

**Additional goals (if applicable):**

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

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**Revise/Resubmit**

**Revision Advice:**

**-OR-**

**Approved as written**

**Approval Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Preapproval Form: To be submitted *prior* to engaging in PD**

<b>Name:</b>	<b>IPDP Approval Date:</b>
<b>Teaching/Work Assignment:</b>	
<b>Building/School Name:</b>	
<b>Date(s) of Professional Development:</b>	
<b>Location of Professional Development:</b>	
<b>Title of Professional Development: (Specify)</b>	
<p><b>Type</b> Select one or more as appropriate.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> College/university course</li> <li><input type="checkbox"/> Ongoing series of workshop sessions</li> <li><input type="checkbox"/> Conference</li> <li><input type="checkbox"/> Single workshop</li> <li><input type="checkbox"/> Professional Learning Team/Community Involvement</li> <li><input type="checkbox"/> Independent study/action research</li> <li><input type="checkbox"/> Professional educational organization activities</li> <li><input type="checkbox"/> District leadership team, LPDC, curriculum development, school improvement</li> <li><input type="checkbox"/> Coaching/mentoring student teachers, new teachers or teachers in need</li> <li><input type="checkbox"/> Other, not listed above: (Specify)_____</li> </ul>	
<b>Description of PD</b>	
<b>IPDP Goal(s) applicable to this PD</b>	

Number of contact hours	Number of CEUs requested
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Please turn to page entitled "Evaluation of Approved PD" and check the box or boxes in front of the PD standards you expect to address in this PD experience. Refer to *Organizing for HQPD* [available on [this page](#)]. See the IPDP Rubric on pages 25-31 to gauge the alignment.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

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

Revise/Resubmit  
Revision Advice:

**-OR-**

Approved as written

Approval Signature \_\_\_\_\_ Date \_\_\_\_\_

## Evaluation of Approved Professional Development

[To be completed *after* the PD experience and submitted to the LPDC no later than the last LPDC meeting of the school year]

**Directions:** Complete sections I and II.

### I. Alignment to Ohio Professional Development Standards.

Answer only those which apply to this PD experience. Refer to *Organizing for HQPD* [available at [this page](#)]. See the IPDP Rubric on pages 25-31 to formulate your responses.

<input type="checkbox"/> <b>Standard 1:</b> How is this PD purposefully structured to occur over time?
<input type="checkbox"/> <b>Standard 2:</b> What data sources guided you toward this PD?
<input type="checkbox"/> <b>Standard 3:</b> How does the PD include opportunities for collaboration?
<input type="checkbox"/> <b>Standard 4:</b> How did the PD include varied learning experiences to accommodate adult learning needs?
<input type="checkbox"/> <b>Standard 5:</b> Evaluate the PD as to its short- and long-term impact. Be as specific as possible.
<input type="checkbox"/> <b>Standard 6:</b> How did the PD result in the acquisition, enhancement or refinement of skills & knowledge? Be specific.

## Adams County/Ohio Valley Professional Development Activity Log / Summary

Educator completes white section on the left and submits to the LPDC no later than the last LPDC meeting of the school year/LPDC completes shaded area on the right.

Name \_\_\_\_\_ Building \_\_\_\_\_

Teaching Assignment \_\_\_\_\_

Date of Activity	Pre-Approved Professional Development		Documentation/ Signature Verification	Credit Granted	Approval Date <sup>(1)</sup>	Professional Development Strand <sup>(2,3)</sup>					
	# <sup>(*)</sup>	TITLE				1	2	3	4	5	6
09/12/08	18	SAMPLE: Infusing Technology into the Science Curriculum	Certificate	3 CEUs	12/10/08			✓	✓		

\* Number from Pre-Approved Professional Development Activities – pages 20-24 LPDC Handbook

**Directions to LPDC:**

- (1) Enter date of each PD Evaluation submitted to the committee.
- (2) For THAT event or experience, rate the Alignment to Ohio PD Standards. Check off (✓) and initial any standard which earns an ADEQUATE or EXEMPLARY rating. (See IPDP Rubric, *Organizing for High Quality Professional Development*, pp. 25-31.)
- (3) Assure that each educator achieves ADEQUATE or EXEMPLARY in each of the SIX Ohio PD Standards before recommending him or her for renewal.

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Name \_\_\_\_\_ Building \_\_\_\_\_

Teaching Assignment \_\_\_\_\_

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	# <sup>(*)</sup>	TITLE				1	2	3	4	5	6
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