

Individual Professional Development Plan (IPDP)

**TPDC Use Only
IPDP #**

(Please print or type)

_____	_____	_____
Name	Date Submitted	Date Reviewed by TPDC:
_____	_____	_____
Building	Current Assignment	Certificate/License Exp Date

List Educational goals to be addressed during this five-year renewal cycle:

Anticipated Outcomes:

For Students:

For School or Building:

For District:

For Yourself:

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

Signature _____ Date: _____

Submit original to your LPDC building representative.

All coursework/equivalent activities must equal/exceed 180 points

APPROVED BY TPDC COMMITTEE: _____ DATE: _____

CHAIR _____

CO-CHAIR _____
