

**Individual Professional Development Plan (IPDP)**

TPDC Use Only  
IPDP #

(Please print or type)

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Date Submitted:

\_\_\_\_\_  
Date Reviewed by TDPC:

\_\_\_\_\_  
Building:

\_\_\_\_\_  
Current Assignment:

\_\_\_\_\_  
Certificate/License Exp Date:

**All coursework/equivalent activities must equal/exceed 180 points**

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.

Revised 7/10