

Individual Professional Development Plan (IPDP)

TPDC Use Only
IPDP #

(Please print or type)

Name: _____ Certificate/License #: _____ New License:
License Renewal:

Building: _____ Certificate/License Type: _____ Date Submitted: _____

Current Assignment: _____ Expiration Date: _____ Date Reviewed by TPDC: _____

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 12/06