

**Individual Professional Development Plan (IPDP)**

*Please Do Not Make Modifications to this Form*

Name: \_\_\_\_\_ Date of IPDP Submission: \_\_\_\_\_

Present assignment: \_\_\_\_\_

Certificates that you currently hold: (Refer to your ODE certification information)

1. Go to [www.ode.state.oh.us](http://www.ode.state.oh.us)
2. Click on "SAFE ACCOUNT SIGN IN" in the bottom left hand part of the screen
3. Click on "SIGN UP"
4. Read the agreement and click on "I AGREE" AT THE BOTTOM
5. Follow the directions on the screen

<b>TYPE (License)</b>	<b>Term (5 or 8 year)</b>	<b>AREA OF LICENSURE</b>	<b>ISSUANCE DATE</b>	<b>EXPIRATION DATE</b>

Reason for IPDP: (Please check one)

- Completion of final certificate renewal under old standards OR new 5-year license.  
New certificate issued since 09-01-1998.
- Renewal of 5-year license.
- Have not completed final certificate renewal, but wish to obtain CEU credit for "other equivalent activity".

**Section I** – Must be completed for all IPDP proposals. Additional paper may be used as needed.

- A. State your main goals/objectives as related to student learning.

B. Explain how each goal aligns with the University's Core Values and/or the College's Guiding Principles.

C. What activities do you plan to incorporate into your workplace to meet your goals?

D. Describe the process you would use to regularly monitor and measure the effectiveness of your Plan. (Examples: logs of activities, anecdotal notes, portfolios)

**Section II** – Must be completed only if your Plan includes the use of credit for "other equivalent Activities".

A. Outline your proposed projects and procedures.

B. Documentation: Must include verification completion as outlined in Options 3 & 4  
Numbers of CEUs requested for Section II  
Provide rationale for the request

Educator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_ Approved \_\_\_\_ Denied Authorized LPDC Signature: \_\_\_\_\_ Date: \_\_\_\_\_