

**Steubenville City Schools
Local Professional Development Committee
Individual Professional Development Plan**

Please complete the following by October 1st of the year your certificate/license was issued.

Name _____ Building _____ Date _____

Home Address _____

Phone Numbers Home _____ School _____

E-Mail _____

Current Teaching/Administrative Assignment _____

Grade(s) _____ Subject Area(s) _____ Building Level _____ # of years _____

Total Years Teaching/Administrative Experience _____ Expiration date(s) of current certificate(s) _____

Indicate type of certificate(s)/license approved for renewal _____ Professional _____ License _____

Please submit a copy of each of your certificates/license with your IPDP.

Areas listed on the certificate(s) addressed by this IPDP _____

EXPIRATION DATE	CERTIFICATE	TYPE

Credit Hours (Semester or quarter)

SCHOOL YEAR	TOPIC	PROVIDER	HOURS

Total Hours _____

CEUs*

SCHOOL YEAR	TOPIC	PROVIDER	CEU'S

Total CEU's _____

Submission of a new or revised IPDP is required following each certificate/license renewal or upgrade. One IPDP may be submitted for multiple certificates renewed on the same date provided the professional development activities are appropriate for all certificates. Return IPDP to the LPDC Committee no later than December 1 in the first year of the new renewal cycle.

*10 contact hours = 1 CEU

20 independent hours = 1CEU (Must be **Pre approved by the LPDC Committee)

*** 1 quarter hour = 2/3 semester hour

Please maintain copies of CEUs or professional development certificates. CEUs accumulated up to certificate or licensure will not be valid beyond effective date of certificate or license.

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Professional Goals

1. What are the goals of your building?

2. What are the goals of your district?

3. What are your professional goals? (Do your professional goals relate to your building and district goals? Are they measurable?)

Applicant's Signature _____ Date _____

LPDC Verifying Signature _____ Date _____