



Individual Professional Development 5 Year Plan

Name: _____ Submission Date: _____

Job Title: _____ Job Location: _____

Grades Taught: _____

Type of License: _____

Area of Licensure: _____

ODE Issue Date: _____ License Effective Date: _____

License Expiration Date: _____

Educator State ID: _____

Licensure Tiers:

Professional Lead Senior

Plan Type: (select one)

Initial Proposal Revised Proposal (Attach initial proposed IPDP) Amended Proposal

Goals:

List three (3) goals for your professional learning over the next five (5) years. Within each goal, include:

1. **What will you learn?** Specifically list what you are going to learn to improve.
2. **How will you learn?** List the types of activities you will engage in to learn, including workshops, college coursework, independent study, and other activities as approved in the LPDC Professional Development and Contact Hours Options document.
3. **How will you utilize this knowledge in your work?** Include the rationale for your goal and how you will apply your new knowledge in your position.
4. **Which Ohio Educator Standard(s) applies to your goal?** List the corresponding Ohio Educator Standard that aligns to and justifies your goal.

Sample Goal:

I will learn multiple behavior management strategies by attending workshops and completing online learning modules (example OCALI) to improve my classroom management skills by more effectively interacting with my students who exhibit challenging behaviors.

Applicable Learning Standard(s):

Teaching Standard #1: Teachers understand learning and development and respect the diversity of the students they teach.

Teaching Standard #5: Teachers create learning environments that promote high levels of learning & achievement for all students.

Teaching Standard #7: Teachers assume responsibility for professional growth, performance, and involvement as an individual and as a member of a learning community.

Goal 1:

Goal 2 :

Goal 3 :

Additional Goals *(if applicable):*

For LPDC Committee Only.

Revise/Resubmit

Revision Advice:

-or-

Approved as written

Approval Signature: _____ **Date:** _____