

**WASHINGTON LOCAL SCHOOLS INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN (IPDP)**

Name \_\_\_\_\_ License ID # \_\_\_\_\_

Date \_\_\_\_\_ Building \_\_\_\_\_ Assignment \_\_\_\_\_ Work Ph. \_\_\_\_\_ Cell Ph. \_\_\_\_\_

Current Certificate(s)/License(s):

Type: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Exp. Date: 6/30/\_\_\_\_\_

Type: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Exp. Date: 6/30/\_\_\_\_\_

Type: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Exp. Date: 6/30/\_\_\_\_\_

Type: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Exp. Date: 6/30/\_\_\_\_\_

Goals to be addressed during this renewal cycle:

Two or Three Personal Goals

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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 IPDP and a copy of your current certificate/license(s) to LPDC.**

**Approval/Disapproval**

This section will be completed by the LPDC

\_\_\_\_\_ Approved as submitted

\_\_\_\_\_ Not approved, plan has merit but has not been approved as submitted. You may refine the highlighted areas and resubmit the proposal

Revised 6/2019

Submit to LPDC at Central Office.

Signature of LPDC chairperson/designee \_\_\_\_\_ Date \_\_\_\_\_

Revised 6/2019

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