## LPDC Step-by-Step IPDP Approval Process

<table>
<thead>
<tr>
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<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Approval of Goals</td>
<td>Pre-approval of PD</td>
<td>Evaluation of Approved PD</td>
<td>Review for License Renewal</td>
</tr>
<tr>
<td>2</td>
<td>* if required by LPDC</td>
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</tr>
<tr>
<td>3</td>
<td>Approve educator’s IPDP goals.</td>
<td>Review educator’s submissions for preapproval of PD activity.</td>
<td>Review educator’s evaluations of &amp; reflections on approved PD activities. Enter on matrix document.</td>
<td>Complete final evaluation to assure that all six PD standards are addressed.</td>
</tr>
<tr>
<td>4</td>
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</tbody>
</table>

Effective dates of the IPDP

Think of it as a PROCESS rather than a plan.
Individual Professional Development Plan:
*Educator Profile*

Last Name: 
First Name: 
M.I.: 

Date of Birth (mm/dd/yyyy) / / State ID #
(State ID# may be found on license or ODE CORE website)

Do you have a Masters degree (or equiv) Yes / No

Home Street Address:

City: 
State: 
Zip: 

School Phone: 
Home Phone: 

List all permanent certificates or those which you will upgrade on this single sheet. If you are renewing certificates or licenses, place only one on this sheet, and use additional Profile Sheets for each one you will renew. **Attach your ODE history printout** or copies of all current credentials. Indicate how you intend to renew each.

<table>
<thead>
<tr>
<th>Credential#</th>
<th>2-Yr, 5-Yr, 8-Yr, or Permanent</th>
<th>Expires</th>
<th>List All Areas</th>
<th>Renew by Hrs/CEUs</th>
<th>Check if Upgrade</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

Teaching/Professional Assignment(s) for present school year:

<table>
<thead>
<tr>
<th>Position</th>
<th>Grade(s)</th>
<th>Building</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td></td>
<td></td>
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</tbody>
</table>

Submission & Review:

Educator Signature: 
Date: 

LPDC Review: 
Date: 

42
Adams County/Ohio Valley School District LPDC
Individual Professional Development Plan / Goal Sheet

<table>
<thead>
<tr>
<th>Name:</th>
<th>Submission Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth:</td>
<td>State ID #</td>
</tr>
<tr>
<td>Building/Assignment:</td>
<td></td>
</tr>
<tr>
<td>Type of Certificate/License:</td>
<td></td>
</tr>
<tr>
<td>Area of Licensure:</td>
<td></td>
</tr>
<tr>
<td>Issue Date:</td>
<td>Effective Date:</td>
</tr>
<tr>
<td></td>
<td>Expiration Date:</td>
</tr>
</tbody>
</table>

**Plan Type**
Select one:
- [ ] Initial Proposal
- [ ] Revised Proposal
- [ ] Amended Proposal

**IPDP Effective Date:** From _________________ to _________________

**Renewal Cycle**
Select one:
- [ ] Transitioning from certificate to license
- [ ] 1st renewal of 5-year license
- [ ] 2nd renewal of 5-year license
- [ ] 3rd + renewal of 5-year license

**Goals**
List 3-5 goals for your professional development learning. Within each goal, include three distinct aspects: (1) intention to engage in learning; (2) focus for learning; and (3) rationale for application of learning. Indicate which Ohio Educator Standard(s) each goal reflects. (See sample goal below.)

**Sample Goal:**
*I will increase my knowledge of strategies to manage groups of students in order to improve classroom discipline.*

Educator Standards:
*Teacher Standard #1, Teachers understand student learning & development and respect the diversity of the students they teach.*
*Teacher Standard #5, Teachers create learning environments that promote high levels of learning & achievement for all students.*

**Goal 1**

Educator Standard

**Goal 2**

Educator Standard

**Goal 3**

Educator Standard
Adams County/Ohio Valley School District LPDC
Individual Professional Development Plan / Goal Sheet

Additional goals (if applicable):

DO NOT MARK BELOW THIS LINE. FOR LPDC USE ONLY.

☐ Revise/Resubmit
Revision Advice:

-OR-

☐ Approved as written

Approval Signature________________________ Date________________________
**Preapproval Form:** To be submitted *prior to* engaging in PD

<table>
<thead>
<tr>
<th>Name:</th>
<th>IPDP Approval Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teaching/Work Assignment:</td>
<td></td>
</tr>
<tr>
<td>Building/School Name:</td>
<td></td>
</tr>
<tr>
<td>Date(s) of Professional Development:</td>
<td></td>
</tr>
<tr>
<td>Location of Professional Development:</td>
<td></td>
</tr>
<tr>
<td><strong>Title of Professional Development:</strong> (Specify)</td>
<td></td>
</tr>
</tbody>
</table>

**Type** Select one or more as appropriate.

- [ ] College/university course
- [ ] Ongoing series of workshop sessions
- [ ] Conference
- [ ] Single workshop
- [ ] Professional Learning Team/Community Involvement
- [ ] Independent study/action research
- [ ] Professional educational organization activities
- [ ] District leadership team, LPDC, curriculum development, school improvement
- [ ] Coaching/mentoring student teachers, new teachers or teachers in need
- [ ] Other, not listed above: (Specify)______________________

**Description of PD**

**IPDP Goal(s) applicable to this PD**
Preapproval Form (continued)

| Number of contact hours | Number of CEUs requested |

Please turn to page entitled “Evaluation of Approved PD” and check the box or boxes in front of the PD standards you expect to address in this PD experience. Refer to Organizing for HQPD [available on this page]. See the IPDP Rubric on pages 25-31 to gauge the alignment.

Signature of applicant ________________________________ Date____________

**DO NOT MARK BELOW THIS LINE. FOR LPDC USE ONLY.**

☐ Revise/Resubmit
Revision Advice:

-OR-

☐ Approved as written
Approval Signature_________________________ Date________________________
**Evaluation of Approved Professional Development**

[To be completed *after* the PD experience and submitted to the LPDC no later than the last LPDC meeting of the school year]

Name ___________________________ Building ___________ Contact Hours or CEUs ___________

**Directions:** Complete sections I and II.

I. **Alignment to Ohio Professional Development Standards.**
   Answer only those which apply to this PD experience. Refer to *Organizing for HQPD* [available on ODE website: SEARCH high quality professional development.] See the IPDP Rubric on pages 25-31 to formulate your responses.

- **Standard 1:** How is this PD purposefully structured to occur over time?

- **Standard 2:** What data sources guided you toward this PD?

- **Standard 3:** How does the PD include opportunities for collaboration?

- **Standard 4:** How did the PD include varied learning experiences to accommodate adult learning needs?

- **Standard 5:** Evaluate the PD as to its short- and long-term impact. Be as specific as possible.

- **Standard 6:** How did the PD result in the acquisition, enhancement or refinement of skills & knowledge? Be specific.
Evaluation of Approved Professional Development (continued)

II. Identify and attach documentation to evidence completion of the PD experience.

Submitted documentation: (Check all that apply.)

- Certificate of attendance
- Reflection journal
- Time log
- Agenda with specific dates & times
- Conference program with attended sessions identified
- Transcripts or grade reports
- Original work related to PD: portfolio, lesson plans, curriculum documents, grants, academic articles, etc.
- Other: (Specify) __________________________________________________________

DO NOT MARK BELOW THIS LINE. FOR LPDC USE ONLY.

☐ Revise/Resubmit

Revision Advice: __________________________

-OR-

☐ Approved as written

Approval Signature___________________________ Date________________________
Adams County/Ohio Valley     Professional Development Activity Log / Summary

Educator completes white section on the left and submits to the LPDC no later that the last LPDC meeting of the school year/LPDC completes shaded area on the right.

Name____________________________________ Building____________________________________

Teaching Assignment_____________________________

<table>
<thead>
<tr>
<th>Date of Activity</th>
<th>Pre-Approved Professional Development</th>
<th>Documentation/Signature Verification</th>
<th>Credit Granted</th>
<th>Approval Date</th>
<th>Professional Development Strand</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/12/08</td>
<td>SAMPLE: Infusing Technology into the Science Curriculum</td>
<td>Certificate</td>
<td>3 CEUs</td>
<td>12/10/08</td>
<td>1 2 3 4 5 6</td>
</tr>
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</tbody>
</table>

* Number from Pre-Approved Professional Development Activities – pages 20-24 LPDC Handbook

Directions to LPDC:
(1) Enter date of each PD Evaluation submitted to the committee.
(2) For THAT event or experience, rate the Alignment to Ohio PD Standards. Check off (✔) and initial any standard which earns an ADEQUATE or EXEMPLARY rating. (See IPDP Rubric, Organizing for High Quality Professional Development, pp. 25-31.)
(3) Assure that each educator achieves ADEQUATE or EXEMPLARY in each of the SIX Ohio PD Standards before recommending him or her for renewal.
Adams County/Ohio Valley  Professional Development Activity Log / Summary

Educator completes white section on the left and submits to the LPDC no later that the last LPDC meeting of the school year/LPDC completes shaded area on the right.

Name____________________________________ Building__________________________________________

Teaching Assignment_____________________________

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<th>Documentation/ Signature Verification</th>
<th>Credit Granted</th>
<th>Approval Date[^1]</th>
<th>Professional Development Strand[^2,^3]</th>
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<tbody>
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<td>Certificate</td>
<td>3 CEUs</td>
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<td>✓</td>
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### Individual Professional Development Plan / Goal Sheet

<table>
<thead>
<tr>
<th>Name: Ms. Teacher</th>
<th>Submission Date: 9/8/08</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building/Assignment: Suburban Middle School</td>
<td></td>
</tr>
<tr>
<td>Type of Certificate/License: 5-year professional</td>
<td></td>
</tr>
<tr>
<td>Area of Licensure: Social Studies 7-12</td>
<td></td>
</tr>
<tr>
<td>Issue Date: 6/10/08</td>
<td>Effective Date: 7/1/08</td>
</tr>
<tr>
<td>Expiration Date: 6/30/2013</td>
<td></td>
</tr>
</tbody>
</table>

#### Plan Type
Select one:  
- [x] Initial Proposal  
- [ ] Revised Proposal  
- [ ] Amended Proposal

#### IPDP Effective Date: From 12/10/08 to 6/30/2013

#### Renewal Cycle
Select one:  
- [ ] Transitioning from certificate to license  
- [ ] 1st renewal of 5-year license  
- [x] 2nd renewal of 5-year license  
- [ ] 3rd + renewal of 5-year license

#### Goals
List 3-5 goals for your professional development learning. Within each goal, include three distinct aspects: (1) intention to engage in learning; (2) focus for learning; and (3) rationale for & application of learning. Indicate which Ohio Educator Standard(s) each goal reflects. (See sample goal below.)

**Sample Goal:**  
*I will increase my knowledge of strategies to manage groups of students in order to improve classroom discipline.*

Educator Standards:  
Teacher Standard #1, Teachers understand student learning & development and respect the diversity of the students they teach.  
Teacher Standard #5, Teachers create learning environments that promote high levels of learning & achievement for all students.

**Goal 1**  
*I will extend my knowledge of adolescent and middle school student development, as well as problems associated with this age group in order to help me plan appropriate lessons and interventions so students will be successful in my class.*

Educator Standard:  
Teacher #1 Students

**Goal 2**  
*I will improve my skills for leading, collaborating and mentoring students, pre-service teachers and peers to improve the quality of the instructional program.*

Educator Standards:  
Teacher #6 Collaboration and Communication  
Teacher #7 Professional Responsibility and Growth
District Name
Individual Professional Development Plan / Goal Sheet

Goal 3
I will further my understanding and use of methods to integrate technology into the classroom and curriculum for instruction, assessment and as a tool for communication.

Educator Standard:
Teacher #2 Content
Teacher #4 Instruction
Additional goals (if applicable):
DO NOT MARK BELOW THIS LINE. FOR LPDC USE ONLY.

☐ Revise/Resubmit
Revision Advice:

-OR-

☐ Approved as written

Approval Signature___________________________ Date________________________
Ohio Standards for the Teaching Profession
Ohio Standards for Professional Development

- Improved student achievement
- Professional development is aligned with school and district goals
- Professional development is comprehensive and continuous
- Professional development is evidence-based
- Professional development is collaborative
- Professional development is reflective
- Professional development is ongoing
- Professional development is responsive to student and teacher needs

High-quality professional development (HQPD) is

Standard 1

- Standard 2

- Standard 3

- Standard 4

- Standard 5

- Standard 6

- Standard 7

- Standard 8

- Standard 9

- Standard 10
Ohio Professional Development

Verification of Participation

Professional Development Program: 

Provide title

Date and Location: 

Provide information

Presenter/Facilitator (including title & credentials):

<table>
<thead>
<tr>
<th>Presenter 1</th>
<th>Presenter 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Title</td>
</tr>
<tr>
<td>Credentials/Employer</td>
<td>Credentials/Employer</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Presenter 3</th>
<th>Presenter 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Title</td>
</tr>
<tr>
<td>Credentials/Employer</td>
<td>Credentials/Employer</td>
</tr>
</tbody>
</table>

Program/Project Goals and Objectives

Participants will:

- [state specifically; begin each bullet with a verb]

Description of Professional Development Experience

Nature of Activity: 
Workshop, Course, Series of Workshops, Conference session

Contact Hours: 
Specify actual hours of engagement

Participant Role: 
For example: Listening to presenters, participation in individual and group activities, exploration of relevance and potential applications of workshop content to local situation, interactive dialogue and questions with presenters and/or colleagues.

This certificate verifies participation in the NAMEOF SPONSORING ORGANIZATION activity described above. Participants are responsible for conveying this information to their Local Professional Development Committee in a manner consistent with their local guidelines.

________________________________________  ______________________________________
Meeting Facilitator (Print)                Participant (Print)

________________________________________  ______________________________________
Signature                                  Signature

________________________________________  ______________________________________
Date                                      Date
Approval Verification Form
For Educators Leaving a LPDC

This verifies that the following educator had an approved Individual Professional Development Plan and that

(print - name of educator)  (Educator ID)  (birthdate)

has completed the following credits toward completion of the plan since ____________________________ (date)

________________________ college/university semester hours

________________________ college/university quarter hours

________________________ LPDC approved professional development activities (CEUs)

_________________________________________ (authorized signature)  (school/district IRN)  (date)

Please print:
Name of Authorized Signer ______________________________________________________

Name of School/District ____________________________________________________________

LPDC IRN ________________________________________________________________

Name of LPDC ________________________________________________________________

LPDC chairperson _____________________________________________________________

LPDC address _________________________________________________________________

__________________________________________________________________________

Chairperson phone number ______________________________________________________

Chairperson email address _____________________________________________________

Mail to: Office of Educator Licensure
25 South Front Street, Mail Stop 105, Columbus, Oh 43215-4183
Telephone 614-466-3593

4/2009

25 South Front Street  (877) 644-6338
Columbus, Ohio 43215  (888) 866-0181 (TTY)
education.ohio.gov