

SOUTHERN LOCAL PROFESSIONAL DEVELOPMENT COMMITTEE

Individual Professional Development Plan

(Note: Please print this form on salmon colored paper.)

Name:  Date:

Current Certification(s):

Expiration Date:

Issuance Date:

Current Assignment(s):

Buildings:

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List Educational Goals to be addressed during this renewal cycle.

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Will you be enrolled in a graduate degree program during this renewal cycle? Yes  No

If you answered "Yes", please complete the following:

College/University:

Degree:  Anticipated completion

Provide a brief rationale for pursuing this degree.

Are you pursuing any additional certification/licensure areas outside a regular degree program during this renewal cycle? Yes  No

If you answered "Yes", please complete the following.

College/University:

Certification/licensure area(s):

Anticipated completion date:

Provide a brief rationale for pursuing this(these) certification/licensure area(s).

I certify that the information provided in this Individual Professional Development Plan is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**BOTTOM SECTION TO BE COMPLETED BY LPDC.**

Approval/Disapproval.

\_\_\_\_\_ This Individual Professional Development Plan has been approved as submitted.

\_\_\_\_\_  
Signature of LPDC Chairperson

\_\_\_\_\_  
Date

\_\_\_\_\_ This Individual Professional Development Plan has merit but has not been approved as submitted. Please note the highlighted sections and comments and then consult the LPDC Procedures and Bylaws. Revise and resubmit your IPDP.

\_\_\_\_\_  
Signature of LPDC Chairperson

\_\_\_\_\_  
Initial LPDC review date

\_\_\_\_\_  
Signature of LPDC Chairperson

\_\_\_\_\_  
Approval date