

Osnaburg Local School

Individual Professional Development Plan / Goal Sheet

Name:	Submission Date:
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Building/Assignment:

Type of Certificate/License:

Area of Licensure:

Issue Date:	Effective Date:
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	Expiration Date:
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Plan Type Select one <input checked="" type="checkbox"/> Initial Proposal <input type="checkbox"/> Revised Proposal <input type="checkbox"/> Amended Proposal

IPDP Effective Date: From _____ to _____
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Renewal Cycle Select one: <input checked="" type="checkbox"/> Transitioning from certificate to license <input type="checkbox"/> 1st renewal of 5-year license <input type="checkbox"/> 2nd renewal of 5-year license <input type="checkbox"/> 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)
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each goal reflects. (See sample goal below.) - Please list ways you intend to learn more about the area discussed in your goals. Ex- Taking courses at a University, Earning C.E.U.s, Activities that will convert to C.E.U.s.

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.

- 1.
- 2.
- 3.

Goal 1

Goal 2

Goal 3

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 _____