

**INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN**

 Name: \_\_\_\_\_ Educator State ID#: 

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School: \_\_\_\_\_ School City: \_\_\_\_\_

 What type of certificate or license do you currently hold?

- 5-Year Professional License
- Non-Tax Certificate (see gray box below)
- 5-Year Professional License & Non-Tax Certificate

**If you hold a Non-Tax Certificate ONLY:**

Date of your last verification approval: \_\_\_\_\_

Diocesan Expiration Date: 6/30/\_\_\_\_\_

Please list the subject(s) or grade(s) you are currently teaching.

My Individual Professional Development Plan Goal (one goal is sufficient):

Acknowledgement	License Issue Date	Teacher Initials	License Expiration Date	Teacher Initials
I understand that I need to complete a total of 18 CEUs (180 clock hours) between the following dates:			6/30/_____	


**Teacher (Typed Name) | Principal (Signature)**

Signature \_\_\_\_\_ Date \_\_\_\_\_ Position \_\_\_\_\_

Signature of supervisor\* \_\_\_\_\_ Date \_\_\_\_\_ Position \_\_\_\_\_

\*principal if you are a teacher, pastor if you are an elementary administrator, or superintendent if you are a secondary administrator