## District Name Individual Professional Development Plan / Goal Sheet

Name:		Submission Date:	
	ignment:	Submission Date.	
Building/Assignment:  Type of Certificate/License:			
Area of Licensure:			
Issue Date:	Suite.	Effective Date:	
issue Date.		Expiration Date:	
Dian Type		Expiration Date.	
Plan Type Select one:	© Initial Proposal		
Select one.	<ul><li>⑤ Initial Proposal</li><li>⑤ Revised Proposal</li></ul>		
	<ul><li>S Amended Proposal</li></ul>		
IDDD Effoctive	•	to	
IPDP Effective Date: From			
Renewal Cycle Select one:  S Transitioning from certificate to license			
Select one.	<ul><li>Italisitioning from certifice</li><li>1st renewal of 5-year lice</li></ul>		
	<ul> <li>\$\sum_{\text{olimits}} 2^{\text{nd}}\$ renewal of 5-year lies</li> <li>\$\sum_{\text{olimits}} 2^{\text{nd}}\$ renewal of 5-year lies</li> </ul>		
01-	• 5 · + renewal of 5-year ii	cense	
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)			
	lects. (See sample goal below	V.)	
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			
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Educator (or Tier I) Standard			
Goal 2			
Educator (or Tier I) Standard			
Goal 3			
Educator (or Tior I) Standard			
Educator (or Tier I) Standard			

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Please include: graduate hours, contact hours, F	PDU activities, CEU's.		
DO NOT MARK BELOW THIS LINE. FOR LPDC USE ONLY.			
S Revise/Resubmit Revision Advice:			
-OR-			
S Approved as written			
Approval Signature	Date		