

Southern Ohio ESC/Region 14 – Hopewell Center

Individual Professional Development Plan Review Form
*****FOR LPDC COMMITTEE USE ONLY*****

Name: _____ Educator State ID #: _____

Current Assignment: _____

Date Submitted: _____ License Renewal Date: _____

This IPDP:	CIRCLE ONE		
	YES	NO	NA
Is complete, clear and concise	YES	NO	NA
Is goal oriented and aligned with Southern Ohio ESC or Region 14-Hopewell Center's Mission	YES	NO	NA
Enhances the professional growth of the individual	YES	NO	NA
Is consistent with the individual's current assignment and/or certificate or license	YES	NO	NA
Meets criteria for individual's certificate/license not currently in use but of possible need for the future	YES	NO	NA
A goal addressing Emergent Technology and its possible application to use with/for students	YES	NO	NA

This IPDP meets the following standards:

#1	PD purposefully structured to occur over time.	YES	NO	NA
#2	Data sources guided individual toward this PD.	YES	NO	NA
#3	PD includes opportunities for collaboration.	YES	NO	NA
#4	PD includes varied learning experiences to accommodate adult learning needs.	YES	NO	NA
#5	PD impacts short- and long-term.	YES	NO	NA
#6	PD results in the acquisition, enhancement or refinement of skills & knowledge.	YES	NO	NA

(circle one)

IPDP: **APPROVED** **REVISIONS NEEDED** **REJECTED** Date: _____

Suggested Revision(s) (if applicable):

Reviewed by LPDC Members:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Date: _____

Date Resubmitted: _____