

## Southern Ohio ESC/Region 14 - Hopewell Center

### Individual Professional Development Plan Review Form

Name:	Certificate/License #:
Current Assignment:	
Date Submitted:	License Renewal Date:

This IPDP:	Check One		
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

IPDP:	APPROVED	REJECTED	REVISIONS NEEDED	Date:
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Suggested Revision (s):

Reviewed by LPDC Members:

		<b>FOR LPDC COMMITTEE USE ONLY</b>
Date:	Date Resubmitted:	