

**MARGARETTA LOCAL PROFESSIONAL DEVELOPMENT  
COMMITTEE**

**INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN**

Name \_\_\_\_\_ Date \_\_\_\_\_

Current Certification(s): \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Current Assignment(s): \_\_\_\_\_

at Building(s): \_\_\_\_\_

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List at least one goal under each of the following areas that will be addressed during this renewal cycle.

**District Goal:**

**Student-Centered Goal:**

**Personal Goal:**

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Will you be enrolled in a graduate degree program  
during this renewal cycle? YES \_\_\_\_\_ NO \_\_\_\_\_

If you answered "YES", please complete the following.

College / University: \_\_\_\_\_

Degree: \_\_\_\_\_ Anticipated completion date: \_\_\_\_\_

Provide a brief rationale for pursuing this degree.

Are you pursuing any additional certification / licensure areas outside a regular degree program during this renewal cycle? YES \_\_\_\_\_ NO \_\_\_\_\_

If you answered "YES", please complete the following.

College / University: \_\_\_\_\_

Certification / licensure area(s) \_\_\_\_\_

Anticipated completion date: \_\_\_\_\_

Provide a brief rationale for pursuing this (these) certification / licensure area(s).

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I certify that the information provided in this Individual Professional Development Plan is true and accurate to the best of my knowledge.

\_\_\_\_\_ signature \_\_\_\_\_ date

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Approval/Disapproval. (This section will be completed by the LPDC.)

\_\_\_\_\_ This Individual Professional Development Plan has been approved as submitted.

\_\_\_\_\_ Signature of LPDC chairperson \_\_\_\_\_ date

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\_\_\_\_\_ This Individual Professional Development has merit but has not been approved as submitted. Please note the highlighted sections and comments and then consult the LPDC Information Booklet. Revise and resubmit your IPDP.

\_\_\_\_\_ Signature of LPDC chairperson \_\_\_\_\_ initial LPDC review date

\_\_\_\_\_ Signature of LPDC chairperson \_\_\_\_\_ approval date