

Ohio Valley Educational Service Center
Individual Professional Development Plan (IPDP)

Name _____ Position _____

Development Areas (select all that apply)

- Individually Guided Professional Development
 Observation/Assessment Training Inquiry
 Involvement in a Development Process

Briefly state your long range (5 year) professional development plan.
(Consider goals, rationale for the plan, and desired outcome.)

Briefly outline your one year professional development plan for the _____ school year.
(Consider goals, professional development activities, and timeline.)

Briefly state your anticipated outcomes and evaluation procedures.

Professional's Signature _____ Date _____

LPDC Chair's Signature _____ Date _____